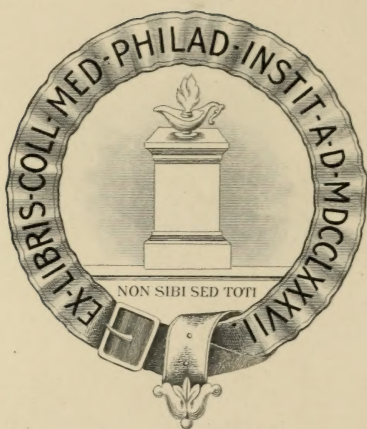


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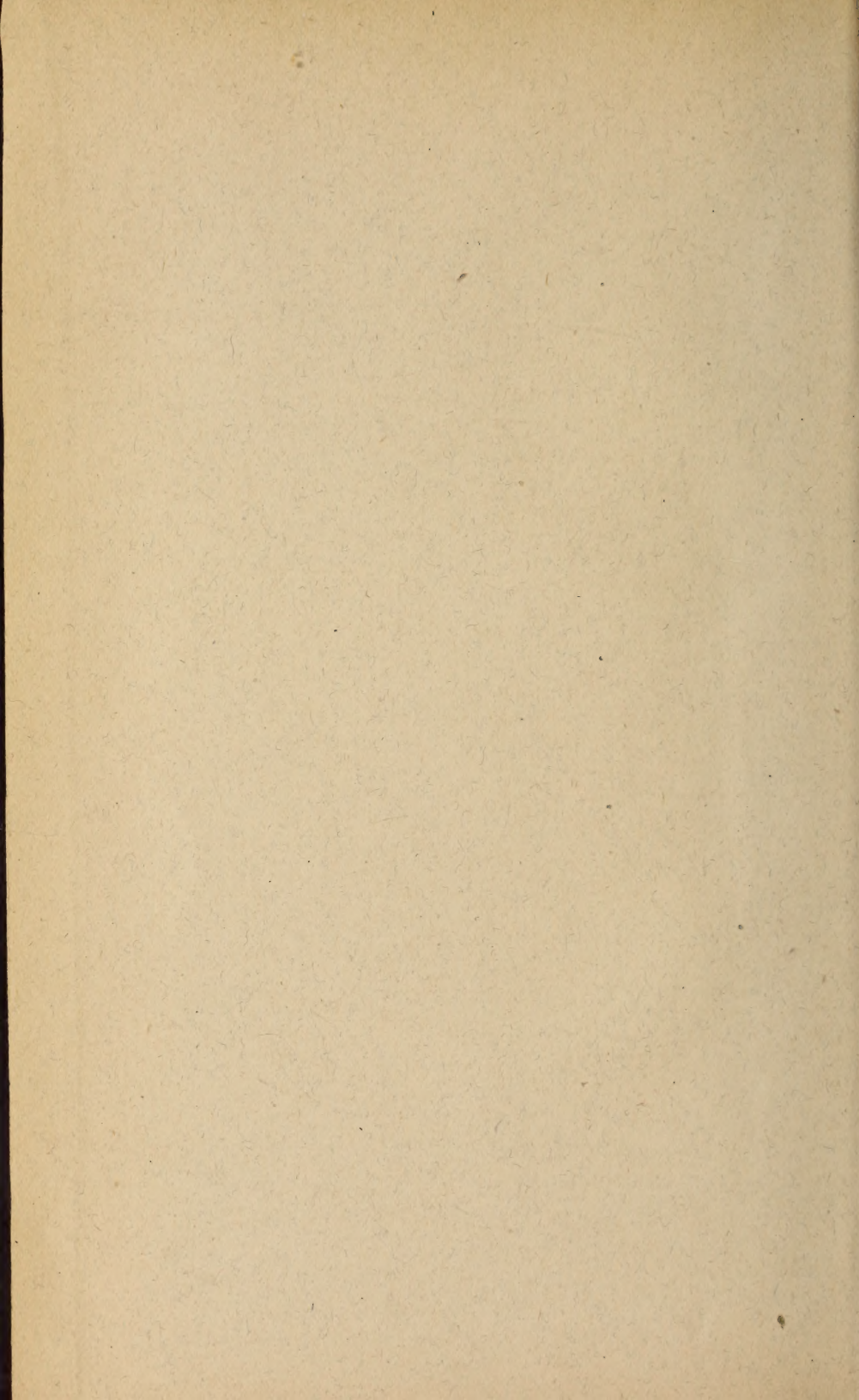



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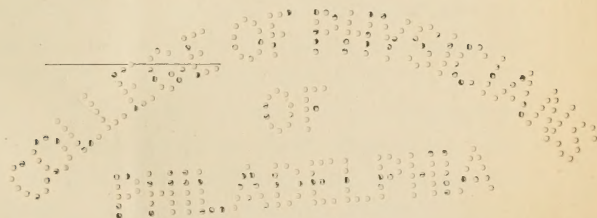
T H E

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VOLUME FIFTH.

FROM AUGUST, 1869, TO JULY, 1870.

ROB'T J. McCLATCHEY, M.D., EDITOR.



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No. 1.

MEDICAL EDUCATION.

BY ROBERT J. McCLATCHEY, M. D.

AS THE world progresses the genius of man—the natural outgrowth of his likeness to his Maker—develops means to meet the requirements of an ever varying and constantly advancing existence. Thus, when the acquisition of knowledge could no longer be confined to the few, the art of printing came to bless mankind, and feast their longing souls; when the spread of peoples and the demands of commerce called for it, the wondrous power of steam was revealed and its mighty forces utilized; when states and nations and continents needed to be joined in instantaneous utterance, electricity, a seeming toy, was made to do the marvelous work. Yet compare, to-day, these blessings of mankind, with what they were at their inception. The rude volumes of Faust and Guttenberg seem but a parody on the art of printing; the wildest dreams of Watt could scarce anticipate the development of power and usefulness the steam-engine of to-day exhibits; nor even the far-seeing mind of Morse compass the “girdling of the earth” in less than “forty minutes.”

The bringing of these discoveries, and of all others, from the crudeness of their earliest conception to the comparative perfection of to-day, has been the result of patient and intelligent toil by men of intellect and cultivated skill. Hard work, with brain and hand,—and often unrequited—has marked the steps of the onward course of all. Not content with the discoveries or improvements of their predecessors, each new laborer in the field toiled patiently, with drilled and disciplined soul and body enlisted for the work, as if new revelations were for him alone. It is in this way that science and art progresses, and it is through such devotion of their votaries that we are permitted to enjoy their many blessings.

Thus, too, in the so-called healing art. When accumulated doubts and aggregated mysteries had brought it to that pass to almost entitle it to the opprobrious epithet bestowed upon it by Sir Anthony Carlisle, “the art founded in conjecture and improved by murder,”—and the course of guess-work could no farther go, then the master intellect of Hahnemann evolved from nature’s laws the oft-revealed beneficent principle of cure, which is destined, *when perfected*, to become the greatest source of happiness entirely mundane. And, too, even the expanded mind of the immortal medical reformer was scarcely competent to appreciate the magnitude of his discovery, and to know that by it and through it the world might be physically regenerated, and human life limited alone by the fiat of omnipotence.

And how is it to be perfected? The history of scientific progress points us to the way. By the patient toil of educated men, alone can it be accomplished. If they, like thankless heirs, sit supine, content with the thought that there is much in the storehouse of the rich legacy that Hahnemann has left them, *then* will mankind not enjoy the rich fruition of the seed sown by the master; nor, if the laborers be unskilled, and unacquainted with the soil and tools, can aught but mischief and uprooting come from their unguided work.

By this it will be perceived that in our opinion Homœopathy as a science and an art is capable of being perfected; that it is not near that stage of ultimate development now; that it can only be brought to it by patient and earnest work; and that those who engage in the work should be competent to do it.

Owing to the greater degree of intelligence of the general people of the United States, Homœopathy has here met with an acceptance not equalled in any other country; and very many of its practitioners have been and are men of great abilities and acquirements, who have done more for its development and progress than has resulted from the combined efforts of all others since Hahnemann's time. It is not, therefore, assuming too much to assert that the world naturally looks to the homœopathists of America for the still further advancement towards completeness of the true science and art of healing the sick. How important is it, then, that the custodians of this great truth should look about them and see what is to be done towards rendering completely fitted for their work, *all those* to whom it is to be hereafter entrusted.

In no other business of life is it so true that "a little learning is a dangerous thing," as in the practice of medicine. The suffering patient or his confiding friends puts into the hands of the practitioner precious health and valued—perhaps valuable—life. How great the responsibility! How necessary that he who lies under it should know all that is to be known of his art, and should have at his control all of its perfected resources. Shallow draughts of the bubbling, sparkling surface-water of the fountain of medical knowledge—which comes to the top by reason of its lightness—intoxicate the brain, and leave the mind unfurnished in the hour of need; but drinking largely from the depths finds it ready in every emergency. How important, therefore, that those who have the fountain in their keeping shall see to it that proper draughts are taken, and that the

waters are not rendered turbid by an admixture of human error.

There has, perhaps, never been a time when the medical profession was so moved by the necessity for elevating the standard of medical education, as now ; and this is true particularly in the homœopathic school ;—a fact growing out of the necessity, as we have pointed out, of that system being perfected. The recent action of the prominent medical schools where Homœopathy is taught, point to this ; and the expressed views of the members of the American Institute of Homœopathy, at its recent session, give additional character to the measure. But above all this, and of far more weight and importance to the observant mind, is the evidence of character and force exhibited by the men assembled in Boston from all parts of the country, who showed and said that the time had come when all men of our school *must* be men of superior education, the standard of medical instruction *must* be raised, and *our* medical schools *must* raise that standard if they would instruct such men.

It is a fact which, we suppose, none will dispute, that the getting of a diploma from *any* medical college in this country is by no means a difficult matter ; requiring but slight abilities and no very great amount of knowledge ; so that a diploma is no evidence that its holder possesses either skill or knowledge, but has come to be regarded as a sort of receipt for so much money paid for so many lectures given. It is true, also, that our best homœopathic colleges are not the equals of the best allopathic colleges in facilities or abilities for imparting knowledge of general medical subjects. In view of these it has resulted that many men, setting a low estimate on the importance of collegiate education, have assumed to practice without such preparatory study ; and, on the other hand, many physicians have sent their students—and some have gone without being sent—to allopathic schools, there to receive what they regarded as superior instruction. The number of ungraduated practi-

tioners of Homœopathy known to every physician, evidences the truth of the first assertion; and we are of opinion that if a correct count were had, it would be found that almost as many intended practitioners of Homœopathy graduated last year from allopathic as from homœopathic colleges; thus evidencing the truth of the second assertion.

It is plain, therefore, that by these means homœopathic colleges have not been properly supported, and have, in consequence, not been able to furnish such teaching as can belong alone to flourishing institutions. It would appear, then, that the profession and colleges have reciprocal duties, and that unity of effort is necessary in order to secure for homœopathic students a high standard of education in homœopathic schools.

The duties of the profession seem plain. It is necessary that an intended practitioner of Homœopathy should receive his medical education in an institution where Homœopathy is taught. That the leaven of allopathy is hard to be rid of, is evidenced by the tenacity with which many of its former practitioners who come to Homœopathy, cling to its tenets and tendencies; and, as well, by the slight value attached to some of the most vital principles of Homœopathy, by many of the homœopathists of England and the continent of Europe. The mind of the young medical student is easily impressed; and the glare and glitter of a large allopathic institution, is apt to dazzle his mental vision and render it blind to the imperfections of that most imperfect art. *Our* colleges are awake to the cry for reform, and have issued honest promises for the future. It is the duty of the profession to take these on trust, and give a hearty support to those who are willing and capable to be instructors. If they are hereafter found to be unworthy of confidence, the remedy is in the hands of the profession, and is of easy application.

The duties of our colleges are also plain. They should place themselves in the way of receiving the liberal patronage of the profession, by showing that their curriculum

of instruction is complete, their means of demonstration ample, their chairs filled by men selected for no other reason than their ability and fitness, and their requirements for graduation sufficient to insure against incompetence attaining to the honors of the profession.

And how is the standard of instruction and requirements to be elevated? We have no disposition to criticise the methods already put forward, as they are steps, however feeble, in the right direction. They have the appearance, so far as we can see, of being complex means of bringing about what before was a simple matter,—the turning out of a medical man in thirty-six weeks. But we look forward, with hopefulness, to the report of the special committee appointed by the American Institute to confer with the colleges on this subject; and trust that at the next meeting of that important body, a well matured plan will be presented, that shall bear evidence within itself of future success. No doubt all will agree that a sufficient preliminary education should be insisted on, and the term of medical pupilage lengthened; that the subjects pertaining to medicine should be taught at different stages of advancement; that the teaching should be practical and demonstrative, as well as didactic; and that the whole should be thorough and complete.

The question is not unnaturally asked,—to what point shall the standard of educational acquirements be elevated? Here is an account of the ordeal to which candidates for graduation are subjected in Paris, where medical students are required to study during four full years, and to submit to a tri-monthly examination. It is from the pen of a homœopathic physician who witnessed several of these tri-monthly trials:—

“As these examinations are conducted in public, I have attended some of them; and must confess, that I have been very favorably impressed with the careful manner in which doctors are created in this country.

“At one examination that I witnessed, on the subject of *Materia Medica*, the table was covered with bottles and jars, filled with different medicaments, but without any labels to denote their contents. These

articles the candidates were required to denominate and describe, giving their history, chemical re-agencies, physical and medical properties, &c. At another examination on Anatomy, which I saw conducted, the candidate was placed before an anatomical subject, into which a long knife or catline, was plunged at hap-hazard, up to the hilt, and he was then directed to enumerate and describe all the blood-vessels, nerves, muscles, and organs of the body that had been transpierced by the knife; after which he was asked to expose a given nerve, or artery, or muscle; and finally, to perform on the subject before him, this or that man's mode of operation for this or that pathological condition."*

How many of our students could pass satisfactorily such an examination? Nay, are there not some professors who could not go through it unscathed? Yet here is indicated, in some degree, the standard to which medical education is raised in France.

We trust that the subject of an improved medical education will continue to be agitated until some good result is brought about. We have tried to show that Homœopathy has not yet unfolded all of its beneficent powers; that much more of patient and industrious labor is required ere it does so; and that its votaries, to do the glorious work, must have their "heads replete with thoughts of other men," and "minds attentive to their own," as well.

THE number of supposed burials of living persons has become so large, and the horror of being buried alive so great, that a reward has been offered, in Europe, for the discovery of a method by which death may be known to a certainty. A French priest proposes the following simple plan: Place the extended hand of the supposed deceased between the eye of the observer and a good lamp or gas jet. If life be present the hand will be more or less translucent; if not it will be opaque.

* *Across the Atlantic.* By C. H. Haeseler, M.D.; p. 96.

MYGALE LASIODORA CUBANA.

BY JOHN G. HOUARD, M. D.

It was a mistake to call this spider *Mygale Avicularia*. The *Avicularia* is a Brazilian spider, much larger than the Cuban, and its habits are different. We find the Cuban *Mygale* described by Walckenaer in his group *Eurepelma*, page 213, under the name of "*Mygale Lasiodora Cubana*."

We have had but a very few provings of this medicine. My attention was first drawn to it several years ago, while I was in Cuba. I discovered that the African negroes employed it on the plantations as a specific in gonorrhœa and syphilis. They prepared the medicine by macerating the whole insect in rum. I have tried the *Mygale* in several cases of gonorrhœa, and in cases of long standing with success. I had no success in recent cases.

I received a letter from Dr. Henry Thomas, a graduate of our Pennsylvania Homœopathic College, dated Northampton, England, January 23d, 1856, from which I quote: "I have used the *Mygale* in chancres (syphilis) with decided success, as well as in protracted clap."

I have made several attempts to have this medicine proved, but without success. One of my patients, a young lady, volunteered to take a few doses, and sent me the following record of her symptoms.

First day took 10 drops at 9 A. M. No symptoms this day.

Second day took 20 drops on sugar. About twenty minutes after felt nausea, with strong palpitation of the heart, dimness of sight and general weakness. At dinner time, aversion to food, no appetite whatever; took no food until tea time, then only a cup of tea and a small piece of bread; felt better after eating.

Third day took 20 drops. Nausea and palpitation of the heart returned with greater force; great prostration; felt sad all day. In the evening, tremulousness over the whole body.

Restless all night, with ridiculous dreams. Tongue dry and parched; pain in the back extending around to the front. In the morning increased discharge of urine with stinging pain in the urethra. The urine during the day was burning and hot, it seemed scalding. These symptoms lasted for three days with more or less intensity, and gradually passed off.

Extract from a letter received from Dr. John E. Houard, Cuba, April 20, 1868.

"As you are proving the *Mygale*, I send you the following account of the symptoms produced by the bite of this spider. I was called to visit a gentleman on the 15th ult., who had been bitten on the instep of the right foot by a very large spider. I saw him about thirty minutes after he had been bitten, and he experienced the following symptoms. The local inflammation was very extensive, reaching from the foot as high up as the knee, leaving a large violet spot, which changed in a few hours to a greenish color.

"Two hours after he was bitten, he had a severe chill, which lasted thirty minutes, then fever set in with trembling of the whole body. Excessive thirst, face flushed, pulse 130, tongue dry and coated brown; pulsating, stinging pain in the foot; difficult breathing; despondency with anxious expression; fear of death. At 8 P.M., he became delirious, talked about his business and was restless during the whole night.

"I gave Aconite and Guaco at my first visit, to be taken every hour alternately.

"The following morning found my patient much improved, fever less, pulse 95, tongue moist, no thirst. Local inflammation less intense and less painful. Continued Acon. and Guaco.

"On the 17th, my patient complained of twitching in the muscles of the back; convulsive movements of the arms and legs, over which he had no control.

"On the 18th, patient much better; twitchings continued only occasionally. Continued Guaco alone.

"On the 19th, I found my patient up, feeling quite well, except that the local swelling had not entirely subsided, and the bite felt very sore.

"I ordered the foot and limb to be bathed with dilute Guaco frequently during the day.

"The following day my patient went out to attend to his business. In a few days more the swelling disappeared, leaving a brown spot where he had been bitten."

Clinical Cases.

First Case.—October 23d, 1867. Amies, a boy *aet.* 9, light complexion. When he consulted me he had the following symptoms. Constantly jerking his head to the right side; occasionally he twisted his head around to the right side. Twitching in the muscles of the back and arms; he complains of pains in the knees when walking. When he attempts to control the involuntary motions, the respiratory muscle are affected to such an extent that he cannot get his breath until he takes a deep respiration.

I gave Mygale Cubana, nine powders, 3d dilution, three times a day, and continued the same treatment for two weeks, and he was radically cured.

Second Case.—October 29th, 1869. A young girl, *aet.* 15, who had been suffering with Chorea for two months, consulted me on the 29th inst. She had the following symptoms. Twitching of the muscles of the face and of the upper extremities; she puts out her tongue with great difficulty; convulsive movements of the shoulders; she keeps her hands in constant motion; gait unsteady; mouth and eyes open in rapid succession, over which she has no control. It is with difficulty that she can carry anything to her mouth. Her lower extremities are constantly in motion while sitting. She drags her legs when walking.

Third Case.—Chorea. A young girl, 13 years old. She cannot keep her hands for a minute in the same position. Twitches of the muscles of the face; constant restlessness;

she is inordinately sensitive, so much so that I could not persuade her to reply to any of my questions.

In both of these cases I gave Mygale Cubana, with the happiest results. The first case was cured in four weeks, and the second I saw only three times. Her mother informed me that she was quite well.

THE DISSIMILARITIES OF RHUS RADICANS AND RHUS TOXICODENDRON.

(Read before the Boston Hom. Med. Society.)

BY A. M. CUSHING, M. D.

Rhus radicans.

Poison Vine. Commonly known as Poison Ivy. It is a trailing vine. Grows on land neither very wet nor very dry. Is more poisonous in the country than by the sea-shore.

Rhus toxicodendron.

Poison Oak. A small tree standing from two to ten feet high. Grows on dry land. Sometimes the *rhus radicans* is found twining around it.

Generalities.

- | | |
|--|--|
| 1. Pain in the muscles. | 1. Pain in ligaments, tendons, synovial membranes. |
| 2. Inclination to be sitting or to lie down. | 2. Inclination to lie down. |
| 3. Worse from drinking cold water, or change of weather. Better in the open air. | 3. Pain in the joints, worse in the open air. |

Skin.

- | | |
|---|--|
| 4. Itching, tickling, pricking, burning. Blotches, with swelling of surrounding parts. Red, inflamed, tuberculoid elevations. | 4. Itching of whole body, especially parts covered with hair. Burning, itching, confluent vesicles, most of them containing a milky or watery fluid. |
| 5. Burning of mucous membrane. | 5. Black pustules. |

Rhus radicans.

6. Swelling of lymphatic glands; also along the route of lymphatic vessels.

Rhus toxicodendron.

6. Redness of the whole body except parts covered with hair.

Sleep.

7. Sleepless all night.

7. Sleepless before midnight.

8. Seminal emissions during sleep.

8. Violent colic during the night.

9. Imperfect sleep. Anxious uneasy sleep, with frightful dreams.

9. Somnolence with laborious dreams. Sad thoughts preventing sleep.

10. Frequent waking.

10. Starting when on the point of going to sleep.

Fever.

11. Chills general or partial, especially in the back; coldness of the limbs.

11. Extreme coldness of the hands and feet. Very sensitive to the open air. Hot internally, cold externally.

12. Chills at 9 or 10 A.M.

12. Chills at 8 P.M.

13. Fever, with debility.

13. Fever with drowsiness.

14. Universal heat, with dryness of the skin.

14. Feels as if his blood was coursing hot through his veins.

15. Want of thirst.

15. Desire for water or beer.

16. Sticky perspiration.

16. General easy perspiration.

Sensorium.

17. Weakness of memory.

17. Absence of mind.

18. Irritable. Peevish.

18. Gloomy. Stupid.

Head.

19. Semilateral headache.

19. Pain in the forehead.

20. Shootings in the head.

20. Heaviness of the head.

21. Fullness of the head.

21. As if the head were compressed.

22. Headache in the morning and forenoon.

22. Headache immediately after a meal.

Rhus radicans.

23. Pain in the occiput and neck.
24. Itching of the scalp.
25. Eruptions on the scalp.

Rhus toxicodendron.

23. Stitches extending to ears, root of nose, and malar bones.
24. Corrosive itching of the scalp; scalp sore like a boil.
25. Soft tubercles on the scalp. Tinea capitis, with nightly itching and greenish pus, or with crusts.

Eyes.

26. Pain in the eyes on opening them.
26. Eyeballs sore on turning them, or pressing upon them.
27. Photophobia in the morning.
27. Difficulty of opening the eyes in the morning.
28. Œdematous swelling of the lids.
28. Hard red swelling like a sty.
29. Sensation of heat in the lids.
29. Inflammation of the lids.
30. Confusion of sight.
30. Objects look pale.

Ears.

31. Pain in one ear.
31. Swelling of the ears and lobules.

Nose.

32. Epistaxis in the morning.
32. Epistaxis at night.
33. Fluent and burning coryza, with copious discharge of serum or mucus, attended with headache.
33. Stoppage of the nose.

Face.

34. Face pale and yellow.
34. Pale face.
35. Vesicles, with itching, burning and redness, with swelling of the surrounding parts. Blisters filled with clear water.
35. Pale swelling, with burning, closing the lids, followed by vesicles filled with a yellowish liquid.

*Rhus radicans.**Rhus toxicodendron.**Teeth.*

- | | |
|---|--|
| 36. Toothache, with sore gums and flow of saliva. | 36. Pain in region of articulation of jaw. |
|---|--|

Mouth.

- | | |
|-------------------------------|---|
| 37. Dense frothy saliva. | 37. Accumulation of water in the mouth. |
| 38. Yellow coat on tongue. | 38. Tongue not coated, but very dry. |
| 39. Redness of tip of tongue. | 39. Parched, red, or brown tongue. |

Throat.

- | | |
|---|---|
| 40. Pricking in the throat. Redness of fauces. Soreness of the root of the tongue. The tonsils, especially the right one, swollen, red, covered with a slough like membrane. Painful deglutition. | 40. Feeling of swelling in the throat, accompanied by a bruised pain. |
|---|---|

Appetite and Taste.

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|-------------------------|---|
| 41. Appetite deficient. | 41. Complete loss of appetite for any kind of food. |
| 42. Bitter mouth. | 42. Mouth bitter all day. |
| 43. Thirst at night. | 43. Putrid slimy taste. |

Gastric Symptoms.

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| 44. Empty eructations. | 44. Burning eructations. |
| 45. Burning in the stomach, sometimes preceded by burning in the throat. | 45. Creeping in the stomach, and horrid eructations. |
| 46. Nausea soon accompanied by headache. | 46. Nausea as if in the throat. Sudden vomiting when eating. |

Stomach.

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|--------------------------------------|---|
| 47. Pain in the stomach. | 47. Pressure in the stomach, as if swollen. |
| 48. Pain in the stomach after meals. | 48. Nausea after meals. |

Rhus radicans.

49. Sensibility of the stomach to the touch.

Rhus toxicodendron.

49. Oppression in the stomach towards evening.

Abdomen.

50. Pain pressing down toward the hypogastric region.

50. Pressing in the abdomen as if the intestines were raised towards the heart.

51. Colic after drinking cold water.

51. Colic at night after eating or drinking, also with bloody stools.

Stool.

52. Constipation.

52. Alternate diarrhoea and constipation.

53. Brown stools, loose stools.

53. Stools mixed with blood.

54. Slimy, sour smelling stools.

54. Red and yellow mixed with mucus, jelly like. Watery stools.

Urine.

55. Deep red urine. Pink red sediment.

55. Dark urine. White turbid urine.

Genitals.

56. The penis is bloated, swelled up, a sort of false erection, as in syphilis.

56. Horrid eruption on the genitals, closing up the urethra by swelling.

Larynx and Trachea.

57. Cough, with expectoration of frothy mucus, with salty taste.

57. Cough, with expectoration of bright red blood.

58. Weakness of the voice.

58. Hoarseness deep in the trachea.

Chest.

59. Sensibility of the chest to pressure.

59. Tightness of breath.

60. Heavy pains in region of heart.

60. Violent, pulsative stitches in region of the heart.

61. Pain in heart when at rest.

61. Stitches in chest when sneezing or drawing a long breath.

*Rhus radicans.**Rhus toxicodendron.**Back.*62. Aching in back when
lying in bed at night.62. Pain in small of back,
as if bruised; relieved by
lying on a hard couch.*Arms.*63. Numbness of the arms,
hands and fingers.63. Debility and stiffness
of forearm and fingers.*Legs.*64. Feeling of weakness,
heaviness, and instability of
lower limbs when walking.64. Painful weariness in
the legs; going off by walk-
ing.65. Feet painful when mov-
ing them or stepping.65. Swelling of the feet,
painless when touched.

KEY-NOTES; OR, CHARACTERISTICS.

BY HENRY N. GUERNSEY, M. D.

(Continued from Vol. IV., page 474.)

Bromine.

I REGARD this as so important, that I regret I do not know more of its pathogenetic sphere.

In *diphtheria*, commencing apparently in the larynx and extending upwards, bromine is frequently of great utility. In *croup*, where there is much rattling in the larynx during respiration, and still more during the cough, and frequently suffocation seems imminent in consequence of an apparently great accumulation of mucus in the larynx. This condition is similar to that indicating *Tartar emetic*, excepting that in the latter remedy the rattling is lower down.

Escape of flatus from the vagina is a good characteristic for bromine, in the treatment of diseases of women.

The symptoms of bromine are usually aggravated during the first part of the night, while amelioration occurs after midnight.

Brucea antidysenterica.

Very great *aversion to being touched*, characterizes this remedy. Touch will cause spasms or the renewal of spasms, and all symptoms seem aggravated by it. It is almost impossible to feel the patient's pulse ; so great is the aversion to being touched.

Bryonia alba.

Marked aggravation of the symptoms from the slightest motion. Feels best when quiet. Both mental and physical quiet is desired. On the other hand, the patient may feel impelled to move, or may desire to escape from where he is ; if, however, he carries these out, he does it with greatly increased suffering.

The patient desires to go home.

Headache, as if the head would burst, with dry and often parched lips. The headache is often aggravated by even so slight a motion as moving the eyelids. The *eyeballs* are so painful that the patient cannot bear to have them touched.

Ears.—Intolerance of noise. This is probably another instance of the characteristic condition,—aggravation from motion—even from that occasioned by the impingement of sound vibrations on the membrana tympani.

Very dry lips ; he wishes frequently to moisten them. They are frequently swollen, rough and cracked.

Epistaxis, from suspension of the menses. When indicated, bryonia will cure the epistaxis, and the menses will re-appear.

Typhoid fever ; where there is an accumulation of frothy, soap-like saliva in the mouth and throat, which at times seems to almost choke the patient. Bryonia thus indicated may be the remedy sufficient to cure the entire disease.

The *tongue* is dry, rough and cracked, and often of a dark brown color.

A sort of scraping and roughness in the throat, posteriorly.

Nausea on assuming an erect position. Nausea on sitting up in bed ; the patient must lie down again. Nausea after

eating; sometimes with vomiting of food; the food can sometimes be retained if the patient keeps very quiet after a meal. Profuse waterbrash and vomiting after eating. I have very frequently cured *dyspepsia* assuming these symptoms, with *Bryonia* 10^m.

Pains in the abdomen, flying upwards. Stitches, and other pains in the abdomen, which hinder respiration.

Hard, black, and dry *stool*, as if burnt, and rather scanty. *Amenorrhœa*, with *epistaxis*, and, in fact, other forms of menstrual derangement, if *epistaxis* be present.

Inflammation of the *mammæ*, with a sensation of heaviness; a sort of stony heaviness; the *mammæ* being usually hard and pale. *Bell.* when exhibiting red radiating streaks. Motion aggravates the suffering when *Bryonia* is indicated, whereas those indicative of *Bell.* are aggravated from a jar or jolt.

The *urine* deposits a pinkish sediment, which covers the bottom of the vessel. During motion, some drops of urine pass out of the *urethra* without sensation.

Nausea excites *cough*; and coughing often excites vomiting. Often in *typhoid pneumonia*, and other affections of the lungs, the cough compels the patient to *spring* up in bed involuntarily and *immediately*. Sensation as if the head and chest would fly to pieces, on coughing. *Expectoration* of mucus streaked with blood. Eating or drinking excites coughing. It seems to be impossible for the patient to drink without coughing. Cough on entering a warm room. Dry cough, excited by a creeping or tickling in the stomach. Hooping cough, with vomiting of food; or the paroxysms are nearly always excited by drinking.

Asthma, with frequent desire to take a full inspiration, which, however, cannot be done, in consequence of *a feeling as if there was something should expand, but would not*. The attacks are sometimes brought on by taking cold, and then the patient *aches all over and movement is avoided in consequence of aggravation*. I have succeeded best in these cases with *Bryonia* 2^m.

Stitches in the chest, hindering respiration ; the patient is tormented with a disposition to take a "long breath," which it is impossible to gratify on account of the stitches.

The disposition to take a deep breath is a very strong indication for the use of *Bryonia*, in asthma.

All the affections of the chest are aggravated by motion ; and there is, commonly, this disposition for a full inspiration, with an inability to accomplish it in consequence either of stitches or of this feeling of inexpansibility.

A *nursing woman* takes cold ; *she aches all over* ; her head aches as if it would burst ; her lips are dry and parched ; breasts swollen ; milk nearly or quite suppressed ; breasts feel heavy. In such a case, I have found *Bryonia* to be a most admirable remedy, and I commonly give a single dose of the 2^m. *Rheumatism*, with redness and swelling of the joints ; motion being intolerable.

Starting and jumping during sleep, the motion even then seemingly greatly aggravates the sufferings of the patient. The patient is observed to move the lower jaw for some time, as in masticating, during sleep.

When walking, a *prickling* sensation, "like pins and needles," is felt in the soles of the feet, which hinders or prevents walking. This sensation of prickling is often felt in other parts of the body, and indicates *Bryonia*.

Nettle rash, or other eruptions characterized by this sensation of prickling, particularly when the parts are touched, may be cured by *Bryonia*. It is also adapted to a rash peculiar to lying-in-women and their infants.

Erysipelas ; when confined to the joints.

Dropsical swellings, which gradually increase as the day progresses, and disappear during the night.

NOTICE.—Corresponding Secretaries of State Medical Societies are requested to send their names, address, and list of officers, to the Corresponding Secretary of the New Jersey Society, in order that communication may be opened with them. Address,

FRANK A. ROCKWITH,
206 Mulberry Street, Newark, N. J.

POISONING WITH GELSEMINUM.

BY LOUIS A. FALLIGANT, M. D.

DURING the occupation of Savannah by the Federal forces under General Sherman, an English surgeon, attached to the army, was a frequent visitor at my homestead, and on one occasion gave me a most interesting account of the action of the Gelseminum root on himself. Mistaking it for Liquorice root, which it closely resembles, he chewed a piece of it for some time, without noticing his error until the action of the poison began to manifest itself. "My head," said he, "began to have a swimming, turning sensation as if I were going to be sea-sick, and I at once started for home. On my way I gradually *lost the control of my limbs, so that I could not direct their movements with precision.* Finally, when about to fall down I was caught by a friend, and carried to my home. There I was laid on my bed, but had so lost the use of my tongue that I was unable to utter an intelligible expression, and my tongue felt like some foreign body clogging my mouth. I remained in this state some hours, all the while retaining a clear state of mental activity."

This description made so strong an impression on my mind that I was induced to give the remedy a trial in cases of nervous weakness, especially where the mental faculties retained their activity, though their power over the muscular activity seemed lessened or impaired; and the results have been quite satisfactory. In one case of long standing diarrhoea, the child (about five years of age) had fallen down without the power to raise her arms or legs, but her mind was bright and clear. I was called to her in this condition, and at once administered Gelseminum. In less than twelve hours she was on her feet walking about the room. In the early stages of Cerebro Spinal Meningitis, before the convulsive symptoms have set in, I have obtained excellent effects from the use of this remedy in alternation with Belladonna, and have gotten to relying almost entirely on these two remedies in that fearful scourge.

CLINICAL EXPERIENCE.

BY HENRY N. GUERNSEY, M. D.

WHILE in attendance at the Banquet given by the Massachusetts Medical Society to the American Institute of Homœopathy, some of the speakers alluded to the propriety of erecting a monument to the memory of Hahnemann. It occurred to me, in that connection, to offer the following as a sentiment:—

A monument to the memory of Hahnemann. None more exalted, imperishable, or valuable can be raised, than the universal practice of his principles, in their purity and simplicity.

To the accomplishment of this we can all contribute; and as there was evinced in the many able discussions during the late session of the Institute, an earnest desire to have the members give of their experience, I propose as an humble contribution, to present, from time to time, a variety of cases cured in accordance with what I conceive to be Hahnemannian principles.

Case 1.—Mr. F. A. C. consulted me for an eruption on his face, which had troubled him for many years. It was supposed to have been contracted at the barber's-shop. It occupied the whole of the right cheek, presenting a thickened, dry, and scaly mass, itching at times, and always very troublesome. There seemed to be a constant disposition to breaking out of the left cheek also, but this was never quite accomplished. He was constipated, flatulent, and dyspeptic; a large, thick-set man, of florid complexion, and with dark eyes and hair.

I regarded the characteristic symptom or key-note of this case to be, the affection of the right side with a tendency to go towards or involve the left. This indicated *Lycopodium*, and all the other symptoms of the patient corresponded with those of that remedy. I gave him a single dose of *Lycopodium*, 43^m, and twelve inert powders; one to be taken every night.

In two weeks he reported that he felt better; there was

less flatulency, and other dyspeptic symptoms were relieved. He received twelve more inert powders.

February 1st, 1869.—Not quite so well. Gave *Lycopodium*, 100^m. This was followed by speedy improvement, and about the 1st of May, he reported himself to be quite well. The skin of his cheeks is perfectly pure and smooth, and is well covered by a fine dark beard.

I always think of *Lycopodium*, where symptoms of right side have a tendency to pass over to the left.

Case 2.—Miss S. S., called on me, May 5th, 1869. She said she was very feeble, and could not walk more than a square or two, for want of breath. She had palpitation of the heart, and oppression of the chest, which seemed to come from the stomach, and was worse after eating. There were also, belching of large quantities of wind after eating; great drowsiness after eating; variable appetite; *sensation of great weakness in the abdomen*, particularly across and below the umbilicus; stools scanty, dry, and difficult of evacuation; the bowels seldom moved except by a resort to artificial means. She had also a number of other symptoms, which I did not record.

Here I regarded the sensation of great weakness in the abdomen as characteristic of the patient and of *Phosph*. It had, as well, the stool she described, the belching of wind, and other symptoms. It was, in short, the *similimum*. I gave her a single dose of *Phosph. 2^c* on her tongue, and fifteen powders of *sac. lac.*, one to be taken every night.

May 22d.—She reports herself to be a little better; a more comfortable feeling in the abdomen, and the bowels move more naturally and readily. Hahnemann advises that where improvement is perceptible, we should await the action of the remedy.

She had, therefore, more inert powders.

June 4th.—She says, "yesterday, I walked six miles with perfect ease, and feel none the worse for it to-day. I am as well as I ever was."

I have cured some of the worst cases of *bilious dysentery*.

in which this symptom of the abdomen was well marked, as well as other forms of disease where it was present, by Phosph. In a case of *nymphomania*, I was led to select Phosph. by this symptom, and found it covered almost the entire case, and consequently cured.

CLINICAL CASES.

BY CHAS. A. COCHRAN, M. D.

*Confirmation of 3d Symptom of Glonoine, as laid down in
Lippe's Materia Medica.*

Mr. B., a Methodist clergyman, aged 44 years, large and fleshy, and in the enjoyment of perfect health, with the following exception, came to see me, "saying that he was troubled with *loss of location*, several times daily,—each attack lasting from fifteen to thirty minutes; and that it began about ten years ago; at long intervals at first, but has increased in frequency from an attack of once a month to several times a day, and now, even *when walking in streets that he has traveled in for years*, when this feeling comes on him he cannot tell where he is, and is obliged to inquire. When coming to my office, he was obliged to inquire where it was, although standing directly in front and in plain sight of it. When in this peculiar mental condition, he says he is "all right" in regard to everything else, and can converse upon any topic and think accurately, and to test himself upon this point he has sat down and added up long columns of figures, and left the work to be reviewed "when Richard was himself again" and invariably found it correct. Says he feels perfectly well every way, eats well, sleeps well, and *this* is all the trouble or annoyance of any kind that he has. In looking over the *Materia Medica* for a *similimum*, I found under *Glonoine*, (under the heading of *Mind and Disposition*,) this symptom, "*loses his way in the known streets*," and accordingly gave him some powders

of the 2^d potency, with instructions to take a powder dry on his tongue whenever he felt this sensation coming on. He returned to my office some ten days after, saying that the *first* powder had cured him entirely, and he had had no occasion to use the others. It has now been several weeks since prescribing for him, and he has had no return.

Theridion Currassavicum.

Mrs. S., aged 38 years, rather fleshy, and of bilious temperament, came to see me for the following symptoms, which had been giving her a great deal of annoyance and suffering for several weeks, and which had not been relieved in any degree by anything that she had taken. Whenever she closes her eyes she is immediately *afflicted with vertigo and nausea*, and *only* then, aggravated by both noise and motion. Apis and Thuja have similar symptoms, but not the aggravation, but *Theridion* seemed to cover the whole case, and three powders of the 2^d potency were given, one to be taken dry on the tongue every night, which relieved promptly, and the patient has remained free from any annoyance of this kind, up to this time. (Now several weeks since prescription was given.)

CLINICAL CASE.

BY R. W. MARTIN, M. D.

Prurigo.—Mercurius.

THE following case may prove interesting to some readers and pay a very high attenuation of the debt I owe the *Monthly* for the many good things its pages have brought to me.

J. G., a tailor, past sixty, applied to me October 19, 1868, for relief from a troublesome itching of the body and limbs.

The skin on the extensor aspect of limbs and on the back, between the shoulders, on the chest and abdomen, was

covered with crusts and papulæ; the crusts, no doubt, caused by the frequent and severe scratchings which the latter had undergone.

The eruption made its appearance over two years ago, first as very small elevated spots on the back of the wrists, gradually extending to the other portions of the body.

He says "*the itching is so intolerable that it almost sets me crazy, especially if I get a little warmer than usual while at work.*"

"I have applied everything that I ever heard tell of, from Vinegar to Kerosine, Alcohol, Lard, Brimstone. I have taken Sarsaparilla by the pound, Sassafras tea by the gallon, rock salt baths, fresh water baths. I don't believe that there is anything under the sun that I've not tried."

Profiting by the hint which he had given me, I asked how he spent his nights.

"*When I first get into bed the cool sheets feel so nice that I go right to sleep, but after sleeping about half an hour I am awakened by this awful itching and have to get out of bed and walk the floor until the sheets get cool again.*"

Symptom 251 of *Merc. vivus* (Lippe's Text Book) led me to give that medicine; accordingly, I gave three powders *Merc. vivus* 2^c (Dunham's), one each night, and *sacch.* for a week longer.

Oct. 27th.—After taking the second powder (second night) he slept quite comfortably, and every night since; although the itching was still so troublesome that he had to rise once or twice and cool his bed.

Merc. viv., 30^m (Fincke) three powders, and placebo as before.

Nov. 9th.—Sleeps "like a top," is not himself but "some other man," is so much better,—only a slightly troublesome itching while at work in the daytime. Sulphur 55^m, one powder.

Nov. 30th.—Well.

TWO CURES BY TOBACCO.

Translated by SAMUEL LILIENTHAL, M. D.

WE read in the *Tribune Médicale* (January, 1869) the following case cured by Dr. Leon Gros:

Mrs. W., excessively nervous, became pregnant a few months after her marriage, and was troubled in the first few weeks of her pregnancy not only with the usual digestive ailments, but also by an insupportable pruritus over the whole body. The skin to all appearance looked perfectly healthy, but the itching was so terrible that it provoked extreme agitation and really nervous spasms. During several weeks she took: externally, the vapors of camphor, narcotic baths, simple baths, alkaline baths, frictions with laudanum, camphor pomade, lotions with a solution of borax; internally, alkalies, soluble mercury and the different antispasmodics. But all in vain. Towards the seventh month baths made with a decoction of walnut leaves gave her momentarily some relief. About this time an intense pyrosis attacked her, resisting also all the usual remedies. Sleeplessness persistingly followed her other troubles, and no wonder that her strength steadily declined. Worn out already, neuralgic toothache was now added to her sufferings. Her husband, a great smoker, advised her to try smoking; she took the offered cigar, smoked it, and from that hour the toothache, the pyrosis and the general pruritus, which had lasted uninterruptedly for many months, ceased. Unfortunately, she had a fright when eight and a half months gone in her pregnancy and miscarried. Fifteen months afterwards she became pregnant again, and at the fourth month was again taken with that itching, but less severe, and again without the least sign of any eruption. Having a great repugnance to tobacco, she tried at first several remedies again, but without success; towards the fifth month the pyrosis returned also, and Mrs. W. concluded then to smoke again, and the first cigar calmed immediately the pyrosis and the itching. Without any cause, she gave birth to a child when seven and a half months gone in her pregnancy. The child lived.

The second case is found in the *Journal de Médecine et de Chirurgie Pratiques*, viii., 481, and happened in the practice of Dr. Bawens, of Brussels.

A young girl, eleven years old, was taken on 18th November with sneezing. Not too frequent in the beginning,

they began soon to become more frequent, and when the doctor saw her in the beginning of January, there was not a quarter of an hour without sneezing. All the functions were regularly performed, and she complained only of a slight itching in the nostrils and of a tiresome sleeplessness, caused by the continual paroxysms. Still the nostrils presented not a trace of inflammation, of a polypi, or of any other foreign body. Dr. Bawens, thinking that there might be an inflammation of the frontal sinuses, ordered vapor-baths and emollients. Aromatics, sudorific drinks, purgatives, sinapised foot-baths, were of no avail, nor leeches and strict diet on account of a supposed gastritis. She sneezed and sneezed continually, only she lost daily in strength and began to look poorly. The attack was now changed, and the whole battery of tonics, quinine, valerian, camphor, Dover's powder, and sometimes a dose of castor oil, were all used, but with no better success; even Homœopathy the doctor thought of, and gave her *Nux vom.*, but, not being the right remedy, it served no better. In sheer despair the idea struck him to let her take a pinch of snuff. The first pinch aggravated fearfully the sneezing, which returned soon to its ordinary state. A second pinch was taken three hours afterwards with the same result, but also with copious slimy discharge from the nostrils, after which the patient got some rest. Two hours later a third pinch was snuffed up, and from that time the disease was broken and the child enjoyed perfect health again.

Gallavardin, of Lyons, has observed the same success of tobacco in the gastric difficulties appertaining to the pregnant state; especially against the vomiting; and finds it equally beneficial, curative as well as preventative, for the digestive ailments during traveling, be it on land or sea. For sea-sickness he does not know any remedy which holds out greater promise of usefulness.

Looking at the pathogenesis of tobacco, we find the following symptoms:

Great weariness, languor, trembling of the extremities, paralytic and painful debility of the extremities, cramps, general convulsions.

Pruritus of the skin as from flea-bites.

Headache with nausea and vertigo.

Diminution of the sense of smelling, frequent sneezing, dryness and stuffing of the nose.

Excessive paleness of the face during the nausea: tooth-ache with drawing and tearing pains.

Accumulation of glairy mucus in the throat.

Spasmodic hiccough.

Frequent nausea, especially when moving, with fainting, paleness of the face, passing off in the fresh air.

Vomiting of water, vomiting of acid serum frequently mixed with slime, renewed by the least movement; violent diarrhœa with tenesmus and burning sensation in the anus.

Stitches in the chest and the sides, sometimes when breathing; palpitations of the heart, when lying on the left side.

Cough with hiccough.

Nephritic colic; gravel.

Consulting allopathic authorities on the symtumatology of tobacco, we may arrange the symptoms in three classes.

The primary ones are well known, and Gallavardin is right to compare them to sea-sickness; secondarily, it produces then an atony (digestive, circulatory, intellectual). To this class belong also the ailments found among workers in tobacco, who suffer frequently in the beginning from headache, nausea, loss of appetite and sleep, and secondarily, especially when exposed to the fermentation of the leaves, they are liable to serious diarrhœa, insomnia, anorexia, nausea, loss of flesh, their complexion turns grey; in fact the whole constitution suffers under a slow poisoning.

As a third class we may bring forward the poisoning by Nicotine, where we find:—Acceleration of the respiration with particular (diaphragmatic?) murmurs of the circulation; tonic and clonic cramps, especially in the muscles of the eyes; vomiting, diarrhœa, increase of urine and saliva (not constant); paleness, stupor, normal pupil, respiration restrained, intelligence completely abolished; convulsive motion of the arms, of the legs, and then of the whole body, increasing at first and then succeeded by extreme prostration: at last coma and death; *no vomiting*. (Death in twelve minutes. Tavignot). In all cases of recovery from poisoning by Nicotine, the setting in of vomiting and diarrhœa were always the first symptoms of amelioration and of hope.—*Bibliothèque Homœopathique*, 1st Juin, 1869.

INFLAMMATION OF THE LACRYMAL
PASSAGES.

BY MALCOLM MACFARLAN, M.D.

WHERE the disease is of recent origin, the sequel of a common cold or acute conjunctivitis, and there is simply occlusion of the puncta lacrymalia, there should be no mechanical interference. Recourse should be had to the remedy indicated by the appearances, symptoms, and history. As an adjuvant, the patient should be kept in a darkened room, and repeated applications of cloths, wrung out of warm water, made to the closed eyes, to relieve the congestion or inflammation. In the treatment of many *acute* cases during the past two years, at the clinics, I have given but few remedies; and these, when prescribed according to the following plain indications, were sufficient to effect cures.

Aconite.—Inflammation sudden and violent. Complete occlusion of the puncta. Profuse lachrymation. Very little swelling of the lids, and no agglutination.

Arsenic.—Sudden occlusion, with violent inflammation. Intense burning, with profuse scalding tears. Conjunctiva much injected.

Belladonna.—Occlusion, with inflammation and swelling. Intense burning. Photophobia. Ectropium. Defective vision.

Graphites.—Sudden ophthalmia tarsi. Exudations have closed the puncta. The patient is subject to "sore eyes."

Natrum mur.—Margins of the lids much swollen and canaliculi closed by inflammation. Excessive discharge of corrosive tears. Objects look dim.

Pulsatilla.—This is the remedy I have employed most frequently, and with the best results. Several cases of fistula lacrymalis have been cured by injecting dilute tincture into the sac and duct; the external orifice healing over on cessation of the discharge; the proper channel being kept open.

In *chronic cases* of obstruction, where the passage is impermeable by deposit of lymph, medicine alone will do nothing, and an operation must be resorted to.

A most effectual plan, and one which does away with the disagreeable, unsightly, and unreliable old *style*, is the following:—After etherizing the patient, slit up the lower canaliculus thoroughly, raising the knife as it is withdrawn so as to divide the junction of the canaliculi.

A spear-pointed, nearly flat needle, two inches long, with a barb of two lines width, one side of the shaft being convex and the other grooved, is introduced flatwise, groove outward, through the opened canaliculus, and made to cut open the nasal duct by passing it backwards and downwards until it reaches the floor of the nose. If, as is usually the case, the sac has been much inflamed, and some pus present with the blood effused, injections of diluted Pulsatilla or Cannabis sativa tincture should be sent along the groove of the needle, with a view to destroying the tendency to formation of pus. The point of a piece of lead wire, one line thick and one and a quarter inches long, sharpened at one end and ring-shaped at the other, should be entered in the groove and pushed downwards. The needle is then withdrawn by a slight rocking motion, so as not to disturb the lead wire, which is to be retained a longer or shorter time, according to the diathesis of the patient. Complete relief is usually afforded the third day after the operation.

This class of patients generally have a scrofulous tendency, and now that mechanical relief is given, the cause of the disease is to be met by remedies.

Those usually given are:—

Alumina.—Abundant, perverted, dry, meibomian secretion. Loss of cilia.

Calcareo carb.—Itching humid eruption on the borders of the lids. Pus on canthus, thick and yellow.

Conium.—Styes always present. Weak, short-sighted eyes.

Hepar.—Ophthalmia tarsi. Indurated glands about the neck. Suited to children.

Lycopodium.—A remedy frequently used in chronic cases, in altering the diseased meibomian secretion, and suppressing the inflammation of the sac.

Mercurius.—Very frequently used, and answers many indications. Burning, cutting pain. Thick, yellow discharge. Photophobia. Lippitudo.

Nux vom.—Better suited to acute cases, when the discharge is thin and bloody, and accompanied with pain.

Spigelia.—A most useful remedy in ulcerated borders of the lids, with loss of nervous power in appendages. Ectropion and Ptosis.

Sulphur.—Dryness, with low grade of inflammation. Itching; burning heat; with thin, corrosive discharge.

Zinc is a most useful remedy after surgical operations or mechanical injuries of the eyes.

WANTED.—A HOMŒOPATHIC HISTORICAL AND STATISTICAL SOCIETY.

Editor Hahnemannian Monthly.

DEAR DOCTOR:—"Facts are stubborn things," and "figures cannot lie," but when, through the imperfection of the human memory, or in any other way, the one is misrepresented and the other lost sight of, their power is lost to us in the work of disseminating truth. It is essential, therefore, that all facts of importance and all figures of intrinsic worth should be carefully and fully protected against the possibility of loss or misrepresentation. The value of medical history and medical statistics generally, is fully conceded by the profession, and just in proportion as our system advances will its history and the records of its results become specially interesting and valuable. If, then, this history and these statistics be worth preserving, how shall this be effected?

Personal recollection is valuable so far as it can go, but its extent is manifestly too limited. "Tradition is a gray-headed liar," not to be depended on at all. Records, and as far as possible, records of *current* events, form the most reliable basis of history. They have no exaggerations to

make, no jealousy to indulge, no memory to lose, no personal interests to serve.

Undoubtedly the best, perhaps the only, method by which such records can be made and preserved, is by the agency of a "Historical and Statistical Society." And this letter is written in the hope that such a plan will be speedily adopted for the care and dissemination of homœopathic medical history, as it has already been in relation to political, ecclesiastical, and other history. For reasons already alluded to, such a society should be formed *now*; or, rather, it should have been organized long ago. Valuable historical matter could *now* be gathered from physicians and others, whose personal reminiscences extend back to Hahnemann's time; a fact which, a few years hence, will have ceased to exist. Then there are isolated sketches of historical importance, in pamphlets and manuscripts, in possession of individuals, who would gladly deposit them in the archives of a responsible society, to prevent the possibility of their being lost.

Such an organization, properly managed, would find an abundance of labor to perform, as well as a rich reward to secure. The condition of medical *art* at the time of the first discoveries in the *science*; the causes that led to these discoveries; the history of the investigation and the investigator; the favors and the opposition which the new system met with; the results of its earliest application, as compared with other modes of treatment; the extension of Homœopathy into distant lands; the results of the system in the different forms and types of disease,—“the thousand natural shocks that flesh is heir to,”—in the sick room and the hospital, in camp and on the battle-field. The history of the different hospitals, dispensaries, infirmaries, and colleges; the legal status of Homœopathy in different states and countries; biographical notices of its principal advocates, patrons and practitioners; histories of the most important remedies, when, where, and by whom proven;—these, and a host of other subjects, would very properly engage attention, and furnish a vast fund of information too precious to ourselves, too important to posterity, to be lightly thrown away.

Of course, the writer insists that the headquarters of the society ought to be located *here*, in Philadelphia. Here is the site of the pioneer college, the institution from which a

large proportion of the American profession received their diplomatic honors; the seat of an active and earnest County Medical Society; the home of two live journals, whose pages would aid in disseminating the information that might be secured, as well as in securing it; the residence of nearly a hundred and fifty intelligent practitioners, all working *in harmony* for the extension and success of the cause; and last, but by no means least, here is shortly to be located the most efficient and successful hospital yet established. And this leads to another thought in connection with this subject, which is this:—Our physicians now are, and for the next few months will be, *suffering* shall I say?—No! “LABORING” is the word, under an attack of “hospital on the brain.” We are all making sacrifice of time and money in an enthusiastic and determined effort to provide for the establishment and maintenance of a hospital; and for what? “That the poor shall have the curative powers of Homœopathy within their reach,” and “*That those who are to be our children’s physicians shall enjoy the educational advantages of such an institution.*” Mr. Editor, there is a deep meaning in that last sentence, which is copied from a circular issued by the homœopathic physicians of this city to the friends and patrons of the cause. It means that we are all awake to the fact that we have a college in our midst, and that it must not only be sustained, but that its future students, “our children’s physicians,” must and shall have all the “educational advantages” that can be secured for them. Now would not a well conducted historical and statistical society, to whose records our medical teachers and writers could have constant access, be an additional “educational advantage.” Not only so, but it would tell vastly upon the ignorance, not to say the prejudices, of those young men who receive their medical education at the allopathic colleges of our city, as well as of the masses of the people at large.

Very respectfully yours,

PEMBERTON DUDLEY.

ERRATUM.—*Hahnemannian Monthly*, Vol. IV., No. 12, page 514, nineteenth line from top, the word “*saphena*”—a palpable error—should read *iliac*.

PUBLICATIONS RECEIVED.

HOMŒOPATHIC HAND BOOK. By J. A. Cloud, M. D., Resident Physician at the Cincinnati Homœopathic Dispensary.

This is a neat little book of 82 pages, containing an exposition of the doctrines and practice of Homœopathy; hints on dietetics, viewed in relation to the laws of digestion; a home book of homœopathic practice, for use in the family; and a history of the rise, progress, and present condition of that flourishing institution modestly called, the Cincinnati Homœopathic Dispensary. The book is very well written, and cannot fail of doing good amongst laymen who may be fortunate enough to peruse it. This Cincinnati charity appears to be fortunate in its possession of so competent a resident as Dr. Cloud.

The following is his report for the month of June :—

Number of cases remaining over from last month.....	46
Received during the month.....	76
Recovered during the month.....	67
Sent to hospital.....	5
Died.....	1
Remaining under treatment.....	49
Office patients.....	97
Out-door patients.....	25
Visits made.....	127
Prescriptions made.....	329
Medical cases attended.....	116
Surgical cases attended.....	6

HALE'S NEW REMEDIES oder *Die Neueren Vegetabilischen Arzneimittel Nordamerika's &c., &c.* Im auszuge Deutsch bearbeitet von Dr. Th. Bruckner, Practischem Arzte in Basel. LEIPZIG, verlag von Dr. Willmar Schwabe. 1869.

It is not very many years since an English reviewer superciliously asked, "who reads an American book?" So far as general literature is concerned, it is a source of pride to our people that American authors have won their way, in spite of the stiff abattis of British pride and bigotry, to British hearths and hearts, so that the question might be now more properly put—who does not read American books? In medical literature the same appreciation of American works is coming into existence not only in England, but as well on the continent, in spite of old-world jealousy and determination to ignore everything not strictly European.

Until within a few years, the homœopathists of America were dependent for their works on *Materia Medica* and practice, on translations principally from the German; but this little book by Dr. Bruckner, of Basel, Switzerland, is evidence that the tide hitherward is more than at the flood, and is in fact already flowing towards European shores. It gives, at greater or less length, an account of seventy-eight of the "New

Remedies," recently introduced to the profession in this country, and has for its basis the large work of Professor Hale. The indications for use and clinical experience with, these various medicines, are drawn principally from the works of Professors Hale and Raue, and in many instances from Williamson, Guernsey, Lippe, Bell, and other eminent practitioners, from the *American Journal of Hom. Mat. Med.*, the *Hahnemannian Monthly*, and from other sources.

We have no doubt but that this book will serve a most excellent purpose in introducing to the notice of the German physicians the usefulness of these new articles of *Materia Medica*; and we regard it as the forerunner of others having for their source the valuable writings of American homœopaths.

ACROSS THE ATLANTIC. Letters from France, Switzerland, Germany, Italy, and England. By Charles H. Haeseler, M. D., pages 397, Philadelphia. T. B. Peterson & Brothers. \$2.

So many works have been written by wonder-struck travellers in Europe, that as we purpose visiting the old world one of these days, if God should spare us to do so, we feel disposed to quarrel with everybody who try to tell us of the *sights* they saw; but we have derived so much pleasure from the perusal of this book that we take this opportunity of thanking Dr. Haeseler for it. The author is a homœopathic physician, and an esteemed citizen of Pottsville, Pa., who, while away from home, wrote a series of letters, giving an account of his travels, to the *Miners' Journal*. These were subsequently re-written, materially enlarged, and published in book form. Their freshness and originality, the terse and withal vigorous style in which they are written, and their clearness of description, give them a charm which is not possessed by the writings of all who have attempted to describe European countries, life and manners. The chapter on "The Medical Institutions of Paris," is possessed of peculiar interest for medical men.

One cannot help being struck, while reading this book, with the author's wholesome love for his home, and his just appreciation, amidst all the foreign splendor he witnessed, of the greatness of our own dear land, and the happiness of its people.

A LETTER TO PROFESSOR A. B. PALMER, A. M., M. D., of the University of Michigan; being a reply to his four lectures on Homeopathy. By Charles J. Hempel, M. D., Detroit; E. A. Lodge, 1869.

A REVIEW OF FOUR LECTURES ON HOMŒOPATHY. By A. B. Palmer, A. M., M. D., &c., &c. By C. T. Harris, A. M., M. D., &c., &c., Detroit; 1869.

We are of the opinion that if Professor Palmer had known what was to follow his illy conceived and badly executed attack on Homœopathy, he would have thought more and said less. The above pamphlets in rejoinder fully expose the malice, tergiversation, and misrepresentation of one who from his position should be a high minded gentleman. The

"letter" of Professor Hemple is particularly able and vigorous, and shows that this veteran writer has lost none of the fire of his earlier years.

PATHOGENESIS OF PTELEA TRIFOLIATA. A Report to the American Institute of Homœopathy. By *E. M. Hale, M. D.*, Member of the Bureau of Materia Medica. Reprinted from the Transactions of 1868.

This is another of the series of valuable reprints from the last volume of Transactions of the Institute, and introduces to the profession a drug which gives promise of great usefulness. The pamphlet before us contains the botanical, pharmaceutical, chemical, and medical history of the Ptelea; the journal of the provers (embracing the account of twenty-two provings), a resume of the pathogenesis, and a short account of some cases in which the drug had proved of use. The whole report exhibits the usual carefulness of arrangement of its well known author, Dr. Hale.

THE OCCIDENTAL. A Monthly Journal of Popular Homœopathy. G. S. Walker, M. D., and T. G. Comstock, M. D., Editors, St. Louis; J. V. Hogan, Publisher; July, 1869; \$2 per annum.

If homœopathic medical journals are a blessing to a community, the good people of St. Louis are to be envied, as in that enterprising city there are now three published monthly. The *Occidental* is intended to make the people acquainted with the principles and practice of Homœopathy, and the laws of life and health. The editors are well known in the profession as able men, and if they shall succeed in furnishing homœopathic patients with some part of the knowledge they should possess, we shall continue to do as we do now—wish them good speed with their undertaking. We welcome the journal to our exchange list.

MARGARETSVILLE RETREAT FOR THE INSANE. Some time ago we received from Dr. Horace M. Paine, of Albany, who is always busy at something for the good of the profession and the public, quite a number of documents, all of which were of great interest; but the little tract bearing the above heading, we have thought worthy of especial notice.

At last we have an asylum at which persons bereft of reason may have their ills of body and mind treated under the homœopathic law. For this we are to thank Dr. Hilan Doty, Dr. Horace M. Paine, the N. Y. State Medical Society, and the New York Legislature.

We trust that the profession in New York and neighboring States, will give this, the first homœopathic asylum ever established, their full support in all cases where it is practicable for them to do so. As an experiment, its success or failure will redound to the credit or injury of Homœopathy. There is, however, no possibility of failure so far as success in treatment is concerned. A homœopathic physician engaged in an insane asylum under allopathic control, wrote us some time ago: "If I could honorably give *Cimicifuga* to two or three patients we have here, I would gladly forfeit a year's salary."

It is proposed to enlarge and improve the present institution at Marga-

retsville, which is small, and the means to do it are to be raised by forming a joint stock company, with shares at fifty dollars each. Physicians or others desiring information in regard of this matter, should address Dr. Doty, at Margaretsville, N. Y.

THIRD ANNUAL REPORT of the Executive Committee of the HOMEO-PATHIC MEDICAL AND SURGICAL HOSPITAL AND DISPENSARY OF PITTSBURGH, Pa., 1869.

The managers and supporters of this institution are deserving of the thanks and encomiums of the profession. It has entered into its fourth year of usefulness, and under very favorable auspices. We trust this institution, and all similar ones, will be largely endowed. Permanency is thereby insured, and managers are relieved of the very disagreeable business of constantly appealing for assistance.

The present Medical Board is constituted as follows:—

Consulting Physician.—H. Hofmann, M. D.

Medical Staff.—D. Cowley, M. D., L. M. Rousseau, M. D., J. S. Rankin, M. D., B. F. Dake, M. D.

Surgical Staff.—J. C. Burgher, M. D., L. H. Willard, M. D., J. H. McClelland, M. D.

From the Report of the Secretary of the Medical Board, Dr. J. H. McClelland, we gather the following items:

Number of surgical cases treated.....	54
“ medical “ “	95

Of the surgical cases, 3 died; of the medical, 8.

Per centage of deaths first year	5.6
“ “ second year	7.4
“ “ third year	6.5

Quite a number of the deaths were from consumption, and several of the cases were brought to the hospital in a dying condition.

THE NEW IDEA. This is the title of a new advertising medium, about to be established in Philadelphia, by B. Frank. Jackson, Jr., “our foreman.” It will be an eight page quarto, and with good paper, clear type and gratuitous distribution, will doubtless make ample returns for all money invested in it by advertisers. Success to it!

BUST OF HAHNEMANN. As we write, we have before us a bust of Hahnemann, received from Mr. Stursberg, 182 Bowery, New York city. It is about ten inches high, and is copied from the bust by Schubert, of Dessau, which was taken from the oil painting in possession of Mrs. Dr. Moosdorf, at Coethen. The venerable and pleasant face of the father of modern medicine is well figured in this simple plaster cast, and it is quite an ornament to the office desk or mantel shelf. Mr. Tafel, we believe, has copies for sale, at two dollars each.

HOMŒOPATHIC MEDICAL SOCIETY FOR THE WESTERN DISTRICT OF NEW JERSEY.

Agreeably to a call the following physicians assembled at the West Jersey House, Camden, on Wednesday, May 19th, 1869, at noon, viz: Daniel R. Gardiner, W. H. Malin, E. K. Bancroft, R. M. Wilkinson, J. G. Streets, E. K. Phillips, H. F. Hunt, S. E. Allen, L. W. Brown, Isaac Cooper, M. F. Middleton, A. Kirkpatrick, E. B. Hall, J. H. Austin, Jos. H. Platt, A. M. Stackhouse and Wallace McGeorge; and organized the Homœopathic Medical Society for the Western District of New Jersey.

The meeting was called to order by Dr. McGeorge, Chairman of the Committee of Arrangements, and, on motion, Dr. Kirkpatrick was elected President and Dr. McGeorge Secretary.

The call for the meeting was then read by the Secretary.

A committee of five, consisting of Drs. Hunt, Streets, Wilkinson, Allen and Kirkpatrick were appointed to draft a Constitution and By-Laws, and retired, the Society taking a recess in the interim.

The Committee, upon returning, presented their report, which was read and accepted, and the Committee discharged.

The Constitution was then taken up, read and adopted, section by section, and afterwards adopted as a whole. The By-Laws were adopted in a similar manner.

The Society then adjourned for dinner.

At the afternoon session the election for officers resulted as follows: President, Daniel R. Gardiner, M. D., of Woodbury; Vice-President, R. M. Wilkinson, M. D., of Trenton; Secretary, Wallace McGeorge, M. D., of Hightstown; Treasurer, J. G. Streets, M. D., of Bridgeton; Board of Censors, Drs. W. H. Malin, H. F. Hunt and Isaac Cooper.

The President elect then took the chair and addressed the Society.

Communications were then read, and the following candidates proposed for membership, M. W. Wallens, M. D., of Woodstown; David E. Gardiner, M. D., of Bordentown. The Board of Censors reported them eligible, and they were unanimously elected members.

The President made the following appointments.

Bureau of Obstetrics.—Drs. Wilkinson, Malin and Bancroft.

Bureau of Surgery.—Drs. Middleton, Cooper and Austin.

Bureau of Materia Medica.—Drs. Kirkpatrick, Allen and Phillips.

Bureau of Practice.—Drs. Hunt, Brown and Streets.

Dr. H. F. Hunt was elected delegate to the American Institute of Homœopathy for the current year, and Dr. R. M. Wilkinson, alternate.

Dr. J. C. Morgan, of Philadelphia, being present, addressed the Society, appealing to them in behalf of the proposed Hospital in Philadelphia, under homœopathic auspices.

Upon motion the Society then adjourned.

WALLACE McGEORGE, *Secretary.*

VERMONT HOMŒOPATHIC MEDICAL SOCIETY.

THE Society held its nineteenth annual session at Burlington, June 1st, 1869; C. B. Currier, M. D., occupying the chair. The minutes of the last meeting were read and approved.

The following new names were presented for membership, and were duly elected.

Geo. Colton, M. D., Barre; A. A. Arthur, M. D., Vergennes; C. Woodhouse, M. D., Rutland; D. L. Jones, M. D., Bradford; James Haylett, M. D., Moretown; E. J. Foster, M. D., Montpelier; J. G. Crowley, M. D., Shrewsbury.

A report from D. B. Whittier, M. D., delegate from the Massachusetts Hom. Med. Society, was read and ordered to be engrossed in the proceedings of the Society.

The Committee on Epidemic Diseases, reported on *Scarlatina* and *Influenza* as having been most prevalent, and, from discussions following, it was shown that these diseases were very prevalent all over the State.

Dr. J. H. JONES said that *Scarlatina* had prevailed quite extensively in the Connecticut Valley. He had treated a great number of cases, mostly with *arum. triph.* Special indications: great coryza, and scaly eruption about the nose.

Dr. HORTON reported a number of cases, but gave no special indications for the selection of remedies.

Dr. WOODHOUSE reported unusual success in the treatment of epidemic and acute diseases. Influenza yielded readily, in most instances, to *Arsenicum*, *Camph. Sang.* *Tart. emet.*

Dr. CURRIER said that *Camphora* was a valuable remedy in many cases, in the incipient stages.

Drs. JONES and BRIGHAM each read papers on high potencies, giving in detail many interesting cases.

Dr. WOODHOUSE said that he thought that nature performed most of the cures that physicians laid claim to. He had very little confidence in high potencies, or provings especially of the *new remedies*. They were gotten up to order, and were valueless. His opportunities for observing the manner in which they were made, warranted him in making the statement.

Dr. JONES said that in his report he was careful to select such cases only in which he had the most satisfactory evidence that it was the remedy that cured the patient.

Dr. COLBURN reported a number of cases selected at random from his note book, treated exclusively with high potencies.

Adjourned till after dinner.

On assembling pursuant to adjournment, the chair appointed as committee on nomination of officers for the ensuing year, Drs. Bigelow, Col-

ton and Marshall, who reported the following names, which were duly elected:—

President, C. B. Currier, M. D., Middlebury; *Vice-President*, J. H. Jones, M. D., Bradford; *Rec. Sec. and Treas.*, H. M. Hunter, M. D., St. Johnsbury; *Corresp. Sec.*, A. A. Arthur, M. D., Vergennes; *Auditors*, A. E. Horton, M. D., S. H. Colburn, M. D.; *Censors*, Drs. C. H. Chamberlain, G. N. Brigham, C. W. Scott.

After the election of officers, the discussion on high potencies was resumed.

Dr. STYLES reported a case of gonorrhœa cured with *Cannabis 6m*, that he had failed to cure with the lower preparations.

Dr. CURRIER cured dropsy following Scarlatina, with *Digitalis, 1m*.

The committee on provings made no report; asking further time.

It being necessary for the President to return home by an early train, Vice-President J. H. Jones occupied the chair during the remainder of the session, and filled up the various committees and arranged the business for the next meeting.

The members present paid their annual dues. The Society is free from debt, and in a flourishing condition.

There is considerable material of an interesting character, in the hands of the Secretary, that will be published as soon as funds can be raised for that purpose.

The following resolutions were introduced and unanimously passed:—

“*Resolved*, That when we adjourn, it be to meet at Montpelier, in June, 1870.

“*Resolved*, That the Society tender its thanks to the Vermont Rail Roads for the favor of return tickets to the members attending this meeting.”

Drs. Brigham, Jones, and Woodhouse, will furnish papers for discussion at the next meeting.

Adjourned as per resolution.

H. M. HUNTER,
Secretary.

INDEX TO VOL. IV.—We transmit, herewith, to each subscriber, the Title Page and Index to be bound with Vol. IV, which we failed to have ready in time to be issued with the concluding number of that Volume, in consequence of the immense amount of labor necessary to the getting out of that number, and our desire to have the Report of the American Institute in the hands of our readers as early as possible.

BURT'S CHARACTERISTIC MATERIA MEDICA.—We have just received a copy of this valuable publication from Mr. Tafel. It will receive due notice in our next number.

THE HAHNEMANNIAN MONTHLY.

Vol. V.

Philadelphia, September, 1869.

No. 2.

PRACTICAL THERAPEUTIC HINTS.

BY C. G. RAUE, M. D.

[Read before the Pennsylvania Medical Society.]

IN looking through medical literature, both homœopathic and allopathic, we find a large number of remedial agents suggested for curing all kinds of disease. We may as well call these suggestions therapeutic hints; even *practical* therapeutic hints; because, for most of them, practical experience is claimed as godfather. It might, however, be worth while to look more discriminatingly at these various suggestions, and we will then find that they belong to different families.

To the oldest that are known, belong those which were founded upon the *signatura rerum*. Long before anything like medical science existed, cures were made; and the remedies were generally chosen according to the similarity, either real or supposed, which they had to diseased parts. In this connection I may mention the use of *Spongia* in goitre; of *Ferrum* in impotence; of *Euphrasia* in eye diseases; of those plants which yield a yellow juice in liver

complaints; of Mercury in gonorrhœa. Homœopathy in its embryonic state is here presented.

Next we come to a very large class of suggestions which were strictly adhered to by many medical men, and often for a considerable length of time, simply, because the renowned Drs. Tom, Dick, or Harry had made them. They even exercised a tyrannical influence, like fashion, over the whole brotherhood of Æsculapians. I need remind you only of blood-letting, cod-liver oil, and a host of complicated prescriptions, most of which have, happily, become obsolete.

Again, we find cases reported in medical journals, in which the practitioner, to his great delight, had finally worried through, and the patient did not die. But whether this resulted *because* or *in spite of* treatment, is another question, as it is difficult to see how and why such a number of the most dissimilar medicines, given in quick succession, or even in alternation, could have resulted so happily; and still more difficult to determine *which* of them all produced the principal curative result. I must confess that I have never learned much from such reports; but they have taught me this: never to offend my brother physicians by publishing cases which, luckily, I had worried through.

Since physiology and pathology have been more scientifically investigated by chemical analysis and microscopic research, a new order of therapeutic suggestions have come into view. Finding, for instance, that in some cases, as Chlorosis, iron was wanting in the blood, it was naturally suggested that the system should be supplied with iron; and in cases in which a deficiency of calcareous substance was supposed to be the cause of trouble, the patients were to be treated with calcareous substances. This sounds well and plausible, and seems almost as logical as if we said: if one is starving give him something to eat. It does not, however, work nearly so well. Such patients may not need an *extra supply* of these deficient ingredients; the food which they take may not differ from that which affords to others

a sufficiency of iron or lime. The fault lies not in an insufficient supply, but in an inefficient assimilation of these substances; and, therefore, an extra supply cannot better the trouble, especially if it be given in crude form. For we know that the human organism, like that of the higher classes of animals, is not capable of assimilating inorganic matter. These suggestions are therefore not quite as logical as they appear at first sight.

We now come to therapeutic hints that are founded upon the similarity of symptoms of the diseased organism to those of proved remedial agents. And be it known, that since the inauguration of this principle, there has been wrought wondrous changes in the healing art; and it has been done in an intelligent, positive way, which can always be followed up by new comers; thus differing from all the other suggestions referred to. Nevertheless, it might be well to discriminate between the multifarious suggestions which have been made upon this ground. For in almost any case of cure, the question might be raised: is it the remedy administered that has wrought the change for the better? This indeed might be in many cases a question of great difficulty to answer positively. For no matter how much we may be inclined to attribute favorable changes to the remedy, we ought ever to bear in mind that *post hoc* does not always mean *propter hoc*. No doubt each one of us has made the observation, that certain symptoms which seemingly yielded promptly to the application of a certain remedy, at another time disappear of their own accord just as readily. This is more frequently observed in acute forms of disease. Now then, what does a suggestion like this, based upon such a fact, amount to? What is it worth? Exactly as much as this: give blank powders. Or rather it is not worth that much, because there you fill your pockets with pebbles, thinking they are golden grains; whilst here you know positively what you have, and besides, you do not run the risk of doing any positive harm.

Thus we are necessarily driven to further inquiry, in order

to learn how to distinguish between valuable and worthless therapeutic hints. We will have to combine with our knowledge of similars, a knowledge of pathology. Pathology teaches that acute forms of diseases run a certain more or less defined course. If in treating such a disease we succeed in getting the patient well, at a time when the morbid process would have been at an end anyhow, we surely ought not to deduct any therapeutic hints from such a case. For although we may say that the patient got well under our treatment, we have no right to say that he got well in consequence of it. It is, however, a different thing, if we succeed in cutting the natural process of a disease short. In such a case, we are entitled to make the assertion that the medicine and the mode of its application did something in the case. For example: the average duration of pneumonia is about twenty-five days. If now, as is set forth by Eidherr, of Vienna, this average time can be brought down to nineteen days by the use of the sixth potency of the appropriate remedies; to fourteen days by the use of the fifteenth potency; and to eleven days by the use of the thirtieth potency; we surely gain by these observations valuable therapeutic hints. And I may assume still farther, that each of us has had cases of pneumonia which did not last even that length of time, if treated well from the commencement; for pneumonia may be arrested in any of its stages, therefore also in its first stage, say by Aconite, Bryonia, Rhus-tox., and other medicines, if selected with care and according to the requirements of individual cases; or by Sulphur when exudation begins to take place, which we may recognize by the crepitation sound which is necessarily produced during inspiration. Such observations, based upon an exact knowledge of pathological processes and their natural duration, constitute a series of the most valuable therapeutic hints; instances of which may easily be drawn from the observations made on the treatment of scarlet fever, measles, small pox, &c.

Another point which presents itself for our consideration,

in this respect, and which is closely allied with the knowledge of the pathological processes of acute diseases is, the observation of critical days. The existence of these days has been known and acknowledged since the time of Hippocrates. It is but lately, however, that an explanatory effort has been made in regard to their nature, by von Grauvogel. He contends that the aggravations of the disease which generally take place on these days, are but the normal oscillations between assimilation and waste within the human organism, to which it is subject all the time. During a perfect state of health these fluctuations are not perceivable. When, however, in disease, on the the third, fifth, seventh, thirteenth, twenty-first, and thirty-fifth days, a greater amount of losses sets in in the form of excretions, such as sweat, flow of urine, diarrhœa, &c., it seems natural that these losses should become more marked, more conspicuous, inasmuch as they are additions to the already existing symptoms; and as they are frequently followed either by a decided improvement or an aggravation of the disease, or even by the death of the patient, we are accustomed to say that on such days there has been a *crisis*.

Let us now consider what we may learn as regards therapeutic hints, by directing our attention to these critical days. In the first place, we have all observed that in really successfully treated cases, we do not observe anything like a crisis; and this is no doubt the reason why we find in homœopathic literature much less said about critical days and crises than in allopathic reports. In such cases, the normal state of things is restored before a crisis can have developed itself. I may mention, as prominent instances of this fact, the arresting of pneumonia in its first stage, or of typhus in its incipieney. This brings us back to a former point, *viz*: the cutting short of the natural process of a disease, which gives us an undoubted right to attribute to the employed remedy a curative effect; and observations made thereon are of real therapeutic value. If, however, we find that under our treatment the disease goes on and arrives at

its usual crisis, we have no right to attribute the final success to the remedies employed; as this result might have taken place without any medicine. The expectant method of the advanced old school has proved this many a time; and therapeutic hints based upon such cases are therefore of little value.

Again, it is also a fact that the critical days become extinguished by improper medication, because the employed poisonous means not only disturb the natural development of the organism, but also exhaust its powers (at least for a time) to such an extent as to make a crisis impossible. But even in such cases, outraged nature may at last rally, and a good constitution may come out triumphant even here. But dare we draw from such cases any therapeutic hints? If, as has been already stated, the regular *occurrence* of a crisis makes it a rather doubtful point as to the efficacy of the remedy resorted to, its *non-occurrence* certainly does not speak more favorably for the means employed. It may be, however, that these means have nothing to do with the constantly increasing severity of the disease. We all have seen cases which would not get well under the most judicious treatment. Of such cases, however, I do not speak. The most that could be learned from them is this: if remedies which are well selected and which are well affiliated to the case, do not exercise any influence upon the progress of the disease, we may generally consider it to be of a fatal nature. I speak here of curable cases which, instead of getting better, grow continually worse, under a certain medication. This necessarily would lead us to the supposition that the treatment must be at fault; that it must be either the quality or the quantity of the means employed, or both together, which cause these aggravations and the annihilation of the critical days; or, in other words, which add an artificial disease to the naturally existing one. A thoughtful physician will at once heed these hints of nature; and as such grave and lasting aggravations can be produced only by crude doses, he will imitate Hahnemann in this respect, and try

finer preparations, after a due reconsideration of the whole case.

I shall now speak of therapeutic hints, which may find an application to chronic cases. I may here mention a subject which stands in close connection with the subject of critical days. In chronic cases we frequently find no perceptibly favorable change following the administration of the curative agent, until after a certain lapse of time. It even occurs that in the first forty-eight hours following the administration of the remedy, there is a decided aggravation in the direction of the medicinal power of the remedy. The third day, however, may bring the case back to the *status quo*, and now it may linger on, changing little until after the seventh day, when a more decided improvement takes place; and this improvement may continue until health is restored, or may last only until the thirteenth, fifteenth, twenty-first, or thirty-fifth day, when another dose of the same remedy may set nature again to work; thus showing that critical days exercise their influence even in chronic diseases. The therapeutic hints naturally deduced from these observations are: that a remedy which has been carefully selected, in a chronic case, should be allowed to act undisturbed for at least eight days. If there be no change for the better up to this time, it is probably not the right remedy or the right potency. If, however, it does produce a favorable change in that time, its action ought not to be interfered with by repetition or change, until the symptoms require such repetition or change. Speedy changes in chronic cases, although seemingly favorable, are mostly of short duration; they take place, so to speak, only on the surface of the disease, leaving the centre of the disorder untouched; they are, in fact, mere palliations.

Lastly, I shall make some remarks on the numerous and mostly valuable practical hints, the special indications of certain remedies, and which are known under the name of *characteristic symptoms*. They are, indeed, identical with the Homœopathic Materia Medica, and were first introduced

by Hahnemann in his remarks upon the several provings: a majority of which have not yet found their equals. I need remind you only of his masterly remarks on *Nux vom.*, *Ignatia*, *Pulsatilla*, *Bryonia*, and that everlasting fountain of therapeutic hints, the *anti-psoric* remedies; a fountain from which we have been drawing constantly, and whose depth we have not yet fathomed. By close observation, a number of his best followers in all countries have augmented these riches, and in our country this has especially been done by the Philadelphia school.

The great value of these characteristic symptoms in the treatment of disease is not doubted. I shall merely try to define their proper use. In the first place, we should remember that there is scarcely one of these characteristics which belongs exclusively to a single remedy; or if there be within the scope of *our* knowledge, it is no proof that others may not have observed it in other remedies, or that in the very next proving of a remedy it may not be brought out very strongly. Take for example the well known characteristic symptom of *Arsenicum*: "*he drinks very often, but little at a time.*" This symptom we find also in *Crocus*, *Helleborus*, *Hyoscyamus*, *Nitrum*, *Pulsatilla*, and *Stramonium*. Is it now advisable to select a remedy upon the ground of such a symptom only? Are not the chances of missing quite apparent? The cautious practitioner will not do it, just as the cautious diagnostician will not make a diagnosis upon the ground of one symptom only, if ever so characteristic. While in some cases it may point directly to the remedy, it surely cannot do so in every case; as it is not rational to suppose that the whole sphere of action of a remedial agent, which is oftentimes quite extensive and complex, should find its unerring expression and indication in one symptom. In the second place, we ought to remember that such a characteristic symptom may not be the leading symptom of the case. "*He drinks very often, but little at a time,*" may be a symptom of very different febrile conditions; conditions which may present symptoms of much

greater weight for the selection of the remedy in a special case. Should we now, in favor of such a symptom, discard the others? If we do, would we not act like those whom we disregard because they prescribe merely for names?

In view of all this, the question naturally is asked—what then are characteristic symptoms good for? They aid materially in the selection of a remedy, inasmuch as they define the circle of remedies out of which we have to select. If used in this limited sense, characteristic symptoms are undoubtedly very valuable therapeutic hints.

PROVINGS OF CARBOLIC ACID.

BY SAMUEL LILIENTHAL, M. D.

TEMPERAMENT sanguine, age 53. Not easily affected by medicine; enjoys usually good health, and is only troubled by hereditary diarrhœa, for which none of our family take any medicine, considering it as a safety-valve, discharging noxious matters.

April 14, 1 P. M.—Tea-spoonful of water, containing a dozen drops of the first decimal dilution. It has a sweetish taste, and leaves for some time the smell of carbolic acid in the mouth; very soon feeling of pressure in the pit of the stomach; soreness of the hypochondria, worse on motion; yawning; nausea, with desire to eructate; drawing in right thigh and right zygoma; dull frontal headache, with chilliness.

4 P. M.—Twelve drops of the $\frac{1}{16}$ tincture in table-spoonful of water. Coppery metallic taste on the tongue and upper palate; sleepy and chilly, although sitting in a room with a good fire; dull frontal headache, as if an india-rubber band was stretched tightly over the forehead; pulse normal, 75; disinclination to mental efforts, even to read; cold hands and feet; headache worse on left side; bowels feel sore when walking.

April 15, 7 A. M.—Twelve drops of $\frac{1}{2}$. Dull pressing pains in hypochondria; dull pressing occipital headache; feeling of narrowness in the chest, as if the diaphragm oppresses the lungs; fullness of head all over the brain, with dull pains; tired sensation in the renal region; pains in small of back increase, it hurts to straighten myself, and they get still worse by riding, where the jolting aggravates. The dull aching pains extend from the spine down the posterior muscles of the thighs; jolting during riding affects unpleasantly the abdominal organs also, which feel hot and sore; in a hot room a momentary chill runs from the face downwards; the frontal headache is worse.

12 Noon.—Twelve drops of $\frac{1}{4}$ pure fluid acid in tumblerful of water. Immediately burning on lips, throat, and œsophagus, with heat rising up from stomach; a biting sensation on the tongue; vertigo, with trembling; head very heavy; tingling in lower extremities; oppression of the chest; expansive pains in the head, with swimming before the eyes; hardly able to write; occipital pressure. 1 P. M.—Took a hearty lunch, with relief of symptoms, except the frontal headache. The feet feel as if bruised, all the time. 3 P. M.—Burning feeling in stomach, steadily increasing, with heat rising up the œsophagus; dull pressure under the sternum in the region of the sixth rib; dull frontal headache, somewhat relieved in the fresh air; symptoms passed off during the evening.

April 17.—Very irritable since two days; not in humor to think or to speak, for my head feels muddled, although not paining; easily fatigued by the least walk (am usually a good walker); mental and bodily laziness; do not wish to exert myself in any way; sleepiness, with desire to stretch.

April 18.—A dull, heavy pain in left temple during the day. (Had to give chloroform in large quantity—one-third of a pound—to a patient during an operation performed by Dr. Allen, and it affected me nearly as much as it did the patient; had to rush for fresh air to keep from fainting.)

April 19.—I do not know if I caught cold or not; the

same dull frontal headache, with general lassitude; severe aching pains in small of back, somewhat relieved by pressing the hand against it; when reading cannot fix my attention on it so as to retain it in memory; my lower extremities feel as heavy as lead; sleepiness.

April 21.—Have had a cold before, but never suffered so much from frontal headache and left-sided neuralgic pains in the temples, with pressing boring pains in the small of the back, as I do for the last few days; perform my work only mechanically, for study is out of the question. The burning feeling in the stomach, as from a corrosive acid, is felt all the time, still the appetite is good and food digests well; bowels rather costive, which is uncommon with me.

April 23.—Less cold, but some frontal headache and sometimes the old backache.

Second Proving.

May 3, 8 A. M.—Twelve drops of the first dilution, in water. Was out the whole morning: no symptom except some burning in the stomach. 11 A. M.—Half tea-spoonful of first dilution in water. Soon slight aching in left temple; ate hearty at lunch, but, though the stomach is full, the heat keeps on rising from the stomach, with the taste of carbolic acid: no symptoms. 3 P. M.—Half tea-spoonful of first dilution. Burning on tongue, especially on the tip of it; burning in œsophagus and stomach: no other symptoms during the evening, except a trace of that temporal neuralgia, left side.

May 4, 7 A. M.—Twelve drops of $\frac{1}{16}$ in water. Fullness of the brain; a pressing fullness in forehead; swimming before eyes; trembling of hands (cannot write steadily); tight feeling in both lungs, especially in centre of chest; reading is impossible, as the letters look blurred and fade one in the other; frontal headache increasing; feeling of tightness again, as if that india-rubber band was stretched over the forehead from temple to temple. Forehead feels hot, and the pressure of my cold hand on it gives some

transient relief. Amelioration in fresh air, but riding lulls me to sleep, and walking is an exertion; my lower extremities feel as heavy as lead; easier in the afternoon, being much exposed to the wind, which cools my heated brain; but vertigo returns as soon as I enter a room. 5 P. M.—Twelve drops of $\frac{1}{10}$. Except a slight headache and a severe burning pain in the brain, over the eyebrows, no symptom during the evening; but a fear of impending sickness came over me as soon as I retired to bed; my feet, though lying flat on my back, felt as if they could not support me any more; if I might say so, there was a faint feeling, spreading from the thighs all over me, and burning, ulcerating feeling in stomach and œsophagus, with nausea. (The whole sensation reminded me of Lobelia or Tobacco, in fact I had been smoking my pipe before going to bed). Restless sleep the whole night, with busy dreams.

May 5.—I awoke with a dull frontal headache and burning in throat; my thighs feel bruised, my back feels weak and sore, and my chest as if compressed, or as if a load were pressing in front, with desire to dilate it; eructations after a light breakfast; felt badly the whole day, especially from the burning in the stomach, with a sore feeling to the touch; appetite good, but food lies heavily on the stomach; took no acid to-day.

May 6, 8 A. M.—Twelve drops of $\frac{1}{4}$ in water. In fifteen minutes frontal headache and oppression of the chest, beginning on the left side and going over to the right; all symptoms go also from the head downwards. Feeling that general malaise coming over me again, I stopped the proving, as my patients need just now my undivided energies.

S. Lilienthal, M. D.

May 7. Morning.—Took four or five drops of 3d dilution of carbolic acid.

Symptoms.—Feeling of tightness across the forehead, directly above frontal sinuses.

Afternoon.—Repeated the dose. One half-hour after, head

felt heavy; band-like constriction from one temple to the other, followed by a dull, heavy headache, greatly aggravated by a walk in the open air. Sleepiness.

May 8.—Dose repeated. Frequent micturition. Constriction over frontal sinuses of short duration.

May 9.—Dose repeated. No symptoms.

May 10.—Four or five drops in half glass of water. Table-spoonful doses at intervals of three hours. Pain in region of left ovary, when walking in open air, soon subsiding. Physical and mental exhilaration.

Afternoon.—Sleepiness; constant inclination to yawn; transient, dull pain under left clavicle; oppression of chest, requiring great effort to fully inflate the lungs; dull pain through upper lobes of lungs; diminished appetite.

Evening.—Distress in stomach, as from indigestion; itching between scapulæ.

May 11.—No medicine. Pain in left ovary when walking in open air, of short duration. Slight pustular eruption on the right side of face; great heat of body; physical exhaustion. *Sarah A. Ferguson, M. D.*

Prover is perfectly healthy, in the average sense of the word; choleric temperament; brunette; very active in mind and body; menstruation regular; married, but no children.

April 12, 1869.—The first two doses of the acid, first centesimal dilution, taken three hours apart, relieved a severe pain in the lumbo-sacral region, which had existed more or less, mostly during the latter part of the night, for two years. No other symptom.

April 15.—One dose of the same dilution produced a dull frontal headache in the centre of the forehead; all other parts of the brain keeping perfectly free from pain.

April 17.—Took another dose, which immediately relieved another attack of the backache; experienced a total loss of appetite, which had previously been excellent. Instead of feeling hungry at meals, had an empty, gone feel-

ing in the stomach, with a fullness in the throat and a constant desire to swallow.

April 19.—Backache towards morning, which was again relieved by the acid; but it produced again the dull frontal headache over the root of the nose; appetite has not yet returned. Discontinued, therefore, the acid, till the headache was all gone and the appetite normal again.

April 25.—Having another attack of backache, took a dose of carboic acid, 30th dilution, which relieved the pain like magic, and has had no other attack up to date, May 14. Health in every way excellent. *Caroline Lebeau, M. D.*

April 14.—Took the first dose between three and four o'clock, P. M. Soon experienced an uncomfortable feeling across the stomach and liver; a sensation of fullness, with burning, on the outside of the abdomen; dull, heavy pain through the temples, with tight band across the forehead, and tightness in the nose between the eyes.

April 15.—Aggravation of catarrhal symptoms. The nose tight and stopped up, with full, tight feeling across the forehead. This in the morning.

Evening.—Have taken the acid four times. Headache in the forehead and temples; left nostril stinging, with constant watering of the left eye, and watery discharge from the nose. Uneasy sensation in the region of the liver, not a pain, but as if there would be severe pains. Pain in the bowels; feel dull and heavy generally.

The next day I had such a severe cold in the head that I could not tell which were medicinal symptoms and which were not, so I stopped the proving. This cold was followed by a severe catarrh. I have had this before, but never in so aggravated a form. *A. Williams.*

KEY-NOTES ; OR, CHARACTERISTICS.

BY HENRY N. GUERNSEY, M. D.

(Continued from page 16)

Calcareo carbonica.

THIS medicine is indicated in mental conditions characterized by *fear*; a fear that something terrible or sad will occur, which gives occasion to a very unhappy frame of mind. Patients sometimes say, "I feel as if I would go crazy;" or, "I feel as if I were going out of my mind." This points to *Calcareo carb.* very strongly, and if there is coupled with it an idea on the part of the patient that persons notice their mental condition, that medicine is still more strongly indicated. Children sometimes cry a great deal, not because they are cross or peevish, but because they feel sad and unhappy, and cannot be comforted. I give such cases *Calc. carb.* 1^m. and they are soon quieted and satisfied.

Calcareo is well adapted to conditions of mental anxiety, which is sometimes so great as to produce palpitation of the heart, sweat, nausea, and tremor.

The mental symptoms of *Calcareo carb.* are often better towards evening.

Dullness, and feeling of stupidity; the patient is not able to think, or calculate. The *head* feels too full all the time, with a feeling of pressure from within outwards. *Vertigo*, on ascending, as in going up-stairs, is very characteristic of *Calcareo*; and, as well, vertigo on turning the head quickly.

Sweating of the head is a very prominent indication for the use of *Calc. carb.*, particularly if it be very profuse, rolling down the face in large bead-like drops. When the pillow is found to be wet, from sweat, for a considerable distance around the head of a sleeping child, the drug is emphatically indicated; also, when the fontanelles are long in being closed. In such conditions, a high potency is much more efficacious than large doses of the crude car-

bonate, which is sometimes recommended, and for obvious reasons.

Feeling of heat about the head, or of *icy coldness*.

The *scalp* is covered with a dry scurf, like dandruff, which thickens and increases gradually, closely adhering to the scalp. This condition is sometimes observed in infants, though less in degree. In either case, a dose or two of Calc. carb. 1^m. will, in a short time, restore the scalp to a healthy condition. Moles and varicose protuberances on the heads of infants may likewise be removed by this remedy. *Alopecia*, particularly of lying-in women.

Sensation of coldness, or of heat, and even of burning, in the *eyes*. The eyes become inflamed and injected at every exposure to cold. Specks or ulcers on the cornea. Dancing wavelets of light before the eyes, which are very annoying. The symptoms of the eyes are aggravated by light.

Strange and peculiar noise in the *ears*, when swallowing. Cracking in the ears when chewing. It is a valuable remedy in the treatment of *deafness*, when indicated, as it often is.

It is indicated in a variety of affections of the *nose* and sense of smell. Affections of the Schneiderian membrane. Catarrhal symptoms, attended with great languor. A sort of metastasis from the nose to the abdomen; as when the coryza ceases, colic sets in. *At night the nose is dry and obstructed, while by day it is moist and free.* *Ozæna*, with this characteristic, is promptly cured by Calc. carb.

The *face* either is, or feels as if it were, swollen, entirely or in part; it may be pimply, rough, or scaly, in whole or in part.

The *teeth* are particularly sensitive to cold air. Toothache with this indication, and great sensitiveness of the body to cold air, likewise. Toothache of pregnant females, or during and after menstruation, with the above symptom; or if the feet be cold and damp. It is frequently useful, when indicated, in *ranula*; also in blisters and ulcers in and about the mouth.

Sore throat, with feeling of internal swelling extending to the ears. Difficult deglutition in consequence of stitches, stinging, or sensation of constriction of the throat. Stitches in the throat when talking. The uvula is often much swollen, elongated, and dark red.

All food tastes "too fresh;" he wishes to have more salt on his victuals. Milk, or articles prepared with it, "disagree" with the patient. Sour or burning eructations, or eructations tasting of the ingesta. It is not necessary to take large quantities of lime water to relieve "sour stomach," as a high potency of Calc. carb. will cure it, when indicated.

Vomiting of milk, in thick curds, by teething children.

A *sensation of weight* is characteristic of this remedy. Sometimes it is undefined; at others it is fixed so that no position or circumstance relieves it. Some forms of *gastralgia*, with great anguish, are speedily cured by this remedy, when this fixed weight accompanies.

Intermittent fever, when the chill commences in the pit of the stomach, like a sort of fixed, cold, agonizing weight, increasing with the chill and disappearing with it. In such a case, one dose of Calc. carb. 1^m. at the conclusion of the paroxysm will suffice to cure.

Intolerable feeling of pressure, as from tight clothes, around the *hypochondriæ*. Stitches in the region of the liver.

Sensation of pressure, or pressing from above downwards, or from before backwards, in the *abdomen*. Writhing, twisting pain in the abdomen, about the umbilical region.

Flatulency and gurgling in the *right* side of the abdomen is as characteristic of Calcarea carb. as flatulency and gurgling in the *left* side is of Lycopodium.

Constipation; the stools are hard and undigested, and often accompanied with slime. Stools looking like lumps of chalk, in children, during dentition; stools that are first hard, then pap-like, and finally liquid. Stools smelling

like rotten eggs (also chamomilla). Bloody stools, sometimes coming in large quantities, and of daily occurrence, with great nervous excitement and dread.

Ascarides; itching commencing towards bed-time, and proving very troublesome for hours, in children to whom Calc. carb. is otherwise suited. A high potency should be given, in doses at long intervals, to effect a permanent cure.

Hæmorrhoids, which make even a loose stool painful; they are often painful during walking. Great irritability of the *anus*.

Getting the feet wet is apt to cause trouble with the *urinary apparatus*. The urine smells putrid, or is bloody.

Burning in the tip of the *glans penis*. Sexual desire greatly increased at 3 o'clock in the morning. Nocturnal pollutions, which debilitate both body and mind.

Much perspiration about the labiæ. *Aching* in the vagina. Stinging in the *os uteri*. Menses too frequent and too profuse. Discharge of blood between the periods, induced by mental excitement or worrying. Milk-like leucorrhœa or lochia. Flooding of females who menstruate too often and too profusely. In nursing women to whom Calcarea is suited, and who have a scanty supply of milk, it proves invaluable, as it causes the production of a full supply. Ulcerated nipples, when sore to the touch. Swelling of the mammæ, with the same characteristic. Ophthalmia, and muscular weakness of infants.

To children who suffer from teething, when the head sweats profusely, or when constipation, with hard, chalk-like stools exist, or when the child will not sleep after three o'clock in the morning, or if it is easily chilled by cold air, or in cold weather, Calcarea carbonica will be very useful.

(To be continued.)

CLINICAL CASE.

BY JAMES A. YOUNG, M. D.

Gangrænum oris—Arsenicum.

I WAS called April 4, 1869, to see Thomas Y., aged about 11. Found him prostrated with a low grade of typhoid fever, which confined him to his bed for nearly four weeks, during which time he had two very large hemorrhages from his bowels. The place on which he lived was notoriously an unhealthy one, and in the same family (new residents), I have had four cases of typhoid fever, two of them of a very malignant type. On May 1st, discharged him as convalescent. May 3d, was called in when passing, and found that the patient had produced considerable inflammation of the lower lip by picking at the exfoliating mucous membrane.

From the prostrated condition of the patient I feared gangrene, and called next day with my partner, Dr. Gish, and found the case presenting the following symptoms:—

The inferior lip much enlarged, and considerable inflammation present. In the mouth, two ulcers, one situated on the right cheek, the other on the inside of the inferior lip, each about the size of a half dime.

On the lip near the left angle of the mouth, where the patient had picked off a large scale of dead epithelium, a blue spot the size of a pea. We ordered a local application of Chlorate of Potash, 20 grs. to one ounce of water, to be applied every three or four hours.

Called on the 5th, and found the ulcer much better, but the patient had been allowed to continue picking at the inflamed spot, which began to show marked evidences of gangrene. We attempted to tie the hands of the patient, in order to prevent the continued irritation, but the parents of the child refused to submit. Continued the application of Chlorate of Potash, and gave *Arsenicum* internally, every hour. Appetite good, bowels regular, with healthy action.

May 7th.—The ulcer in the right cheek healed; the ulcer

on the lip gangrenous. The lip much discolored, and very offensive. Gave Ars. 1st. every hour, applied a charcoal poultice, and ordered an occasional application of "Labarraques Solution" diluted with two parts of water.

May 9th.—Patient a good deal worse; gangrene rapidly extending, embracing the greater portion of the lower lip, and extending upon the left cheek. Bowels much disturbed; much nausea, with some vomiting; pulse feeble, yet excited. Gave Lachesis 4th (Boericke's) and applied dilute muriatic acid locally.

May 10th.—Patient still worse, and very much prostrated; extremities cold, and bathed in cold perspiration; bowels discharging a thin, dark, and very offensive matter, stools passing involuntarily; bladder much involved, urine dark and turbid, depositing a large quantity of very offensive matter; much pain, causing him to scream, when urinating; delirious, begging to be allowed to die and attempting *once* to commit suicide, but weakness prevented; had torn off a large portion of the lip, presenting a most horrible and disgusting appearance; offensive odor filling the room; sores on different parts of the body. Continued the charcoal poultice, and applied nitric acid diluted. Gave egg punch and whiskey toddy freely.

May 12th.—Still worse. Gave Secale cor. 30; patient considered hopeless. Gangrene had extended from the *right* angle of the mouth to a point about one-fourth of an inch below the chin, from thence to a point half way between the left angle of the mouth and the ear, thence to the right angle of the mouth; destroying the entire inferior lip, a large portion of the face, the chin, a portion of the nose, and two-thirds of the superior lip. Ears discharging a very offensive matter; excessive flow of saliva.

May 13th.—Gave no internal remedies, but applied solution of soda.

May 14th.—Dr. Gish being absent on a tour to the west, I visited the patient alone, and found him still sinking, being evidently kept alive by the stimulants. He suffers very

intensely when urinating. I gave Ars. 52^m (Fincke), and left, never expecting to see the patient alive.

On the 15th, I found him somewhat better, and on the 16th, the line of demarcation had fully formed. I called a brother practitioner in, and gave on the 17th, Ars. 2^c. On the 18th the slough came away, and healthy pus was discharged. On the same day the patient became rational. I ordered applications of glycerine, which I had commenced on 14th, to be continued. From this time, without further remedies, the patient continued to improve, and is now entirely well, though much disfigured. He had at no time any mercury. The indications from the first were for *Arse-nicum*, the 1st and 3d of which both failed to give relief.

CLINICAL EXPERIENCE.

BY HENRY N. GUERNSEY, M. D.

Case 3. Ascarides—Magnesia carbonica. June 18th, 1869.—I was called to see a child four years old, who had been much annoyed by ascarides for two years, and there appeared to be an enlargement of the hæmorrhoidal vessels, which could only be seen just after stool. There was great itching, pricking, and shooting, in and around the anus, often through the day, and frequently keeping him awake during the half or the whole of the night. Injections of water, and picking the parasites away, had often been resorted to for relief. He was *always worse after walking some distance*, his sufferings being usually *proportionate to the extent of the walk*. Appetite deficient, weak and sickly looking.

Several remedies have all these symptoms but one. *Magnesia carbonica*, however, covers the totality. My attention was called to that remedy by the "prickings in the rectum after walking."

I directed the parents to use no more injections and to

cease picking the worms away, and gave one dose of *Magnesia carb.*, 2^c.

June 22d.—Has been more comfortable day and night. Was not quite so well yesterday afternoon, in consequence of which I gave another dose of the remedy, as before.

July 1st.—Is still improving, in every respect. He suffers no more from walking, and has not lost a half-hours' sleep since last visit.

July 31st.—Has remained well since July 1st. He can walk any distance with impunity, and has had no annoyance whatever. He seems, also, to be much better in general health and appearance.

Constipation following Diarrhœa—Nux vomica.

Case 4. June 21st, 1869.—A gentleman called on me in the morning, and told me he had been travelling, and that a few days before he was attacked with diarrhœa which became so troublesome that he took brandy to check it, which it did most effectually, as he had had no stool since. He had no appetite, and complained of a sense of *heaviness in the abdomen*, with occasional *cramping* pains; felt quite inanimate and unfitted for business, desiring to lie down all the time.

I gave him two powders of *Nux vomica*, 2^c. and ten inert powders, to be taken dry, on the tongue, at intervals of two hours.

In the evening he sent for me, and I found him quite feverish, pulse 120; severe headache; pains in the abdomen worse; face hot, as if he had been sitting before a fire; and no stool as yet. I was satisfied that the medicine had been rightly chosen, but that the dose had been too great. I accordingly dissolved an inert powder in water, and directed him to take a teaspoonful every two hours, while awake.

June 22d.—In the morning I found him up; headache and fever gone; less weight in the abdomen, but the cramps still continuing; altogether, however, more comfortable than on

the preceding morning. I directed him to continue as from the night before, and promised him a visit in the evening. Upon calling at that time, I found him perfectly well. He had had a free evacuation from the bowels, and his appetite had greatly improved. He had no medicine of any kind, other than the two powders of *Nux vomica* 2^c.

Infantile Hernia—Stannum.

Case 5. July 10th, 1869.—I was called to visit a babe, four months old, which had inguinal hernia on both sides. The child was suffering from diarrhœa of green, curdy stools, and much colic, which is *relieved by laying its abdomen across the nurse's knee, or against the point of her shoulder*. This has been to me, for a long time, an invaluable indication for the use of *Stannum*, in such cases.* I accordingly gave three powders of *Stannum*, 2^c one to be taken each day.

July 19th.—The babe is much better, has much less colic, the diarrhœa has ceased, and the herniæ have not appeared for three days. I gave powders of *sac. lac*.

July 26th.—The colic has entirely disappeared, and the diarrhœa has not returned, and the herniæ have not been down since July 16th. The child is, in every respect, in a more healthful condition, and judging from my experience in similar cases, while the rupture may protrude again, it will do so less and less frequently until it is finally cured.

August 7th.—Since my last visit, the child was not so well for two days, and the herniæ came down once, for an hour or two only, during that period. The babe is fast becoming more vigorous and healthy. I gave a dose of *Stannum*, 12^c and do not think it will require further medicine. Should the cure of the herniæ not be permanent, I will so report it.

* Vide *Hahremannian Monthly*, Vol II., p. 11. *Stannum*.

THE LARYNGOSCOPE AND HOMŒOPATHY.

BY MALCOLM MACFARLAN M. D.

DURING the past two years, I have been endeavoring to discover, by trial, homœopathic remedies which would cure or alleviate certain prominent disorders of the larynx revealed by the laryngoscope, and described by Czermak, Tobold, Mackenzie, Gibb, and others. The cases selected for study have mostly been dispensary patients, when I was certain, by previous laryngeal examination and symptoms, that structural lesions existed. Functional disorders of the larynx, such as Aphonia, from partial or complete paralysis of the adductors or tensors of the vocal cords, accompanied with stridulous breathing and cough, are most successfully treated by homœopathic remedies. Mackenzie, in disorders of this kind, has given the most importance to seeing the reflection of the relaxed or contracted cords, without paying very great attention to speech or exercise of the organ as a symptom, so well understood and made use of by our school. In just such cases as these does he report the least success.

As the tendencies of Homœopathy are somewhat against anything like local applications as curative agents, and it has been demonstrated that in other regions of the body cures have been made by homœopathic medicines when structural changes did exist, it is but fair to suppose that cures might be made in the larynx, in similar manner, without resorting to the use of caustics, the douche, the knife, or forceps. I must say, however, I myself have resorted to these means, in some cases demanding immediate relief, through ignorance of something better.

In structural changes of the cords, very little has hitherto been done when the disease was chronic. In acute inflammation of the interior of the larynx, when it was impossible to distinguish the cavity of the ventricle for swelling, and nothing could be seen reflected but an indented line between

two apparent sacs, *Belladonna* was found to be the most useful remedy. When indicated, there is always hoarseness, oftener aphonia, great œdema of the fold, dryness and bright redness of the interior of the larynx. There is generally great difficulty in getting a good image on account of the constriction. A good plan is to direct the patient to make a slight attempt to swallow; the instant it is done, the mirror must be in focus.

Ipecac. is a most invaluable remedy where there is inflammation of the fossa, with very little œdema. I have cured several cases of spasm of the cords with it. In one case, where there was constant alternate contraction and relaxation of the cords following each other in rapid succession, the cure was complete. Electricity and cold applications will temporarily effect the same result.

Drosera is closely allied to *Ipecac.* in its action on the interior of the larynx, especially when given in perceptibly strong doses. The epiglottis is in constant motion to and fro, and there is present at all times an endeavor to cough. It cures cases of this kind when the larynx is very dry. The patient involuntarily supports the thyroid cartilage on swallowing or coughing, and there appears a constant strain in the box of the larynx, with disposition to vomit. It has no effect, in my experience, in cases of aphonia.

Arsenic is suitable for persons with a weak voice. It is useful in spasm of the glottis, when there seems to be approximation of the sides of the thyroid cartilage and rima glottidis, momentary arrest of breath thereby, followed by relaxation and consequent free respiration. These attacks are generally aggravated or brought on by motion of the body. The chest feels constricted.

The different preparations of *Mercury* are most reliable in the common forms of ulcerated laryngitis, where there is not so much swelling as ulceration, with pain, and hoarseness or aphonia, induced by ulcerative inflammation. There is inability to raise the tone of voice.

Binioidide of Mercury is indicated where the patches of in-

flammation are of a livid, purplish hue, and the discharge thin and offensive. *Merc. viv.* when profuse ptyalism accompanies the symptoms. The *red oxide* (Hg., O.) when there is a greater degree of inflammation, and it is of bright red color; œdematous inflammation in the interior of larynx, which is filled with tough, white mucus.

Stannum is, in my opinion, the most homœopathic remedy to laryngeal phthisis, with constant, short, irritating, hacking cough. I have frequently examined the interior of the larynx of consumptives with aphonia, and never have found much swelling. On the contrary, the larynx is generally capacious, with dirty-colored looking walls; often the cords ulcerated, and not well defined. In the last stages of this disease, they are said to be often completely destroyed.

Pulsatilla, *creosote*, and *causticum* are also worthy of being studied, but I know but little about them in this connection.

I have very little experience in the removal of excrescences within the larynx by medicines. I have occasionally done so with forceps, but the after history of these cases is very unsatisfactory, as they generally recur. *Thuya* was suggested in a case of warty or cauliflower excrescences on the aryteno-epiglottidean fold and above and around the vocal cords, by Dr. Hering. The patient had been treated, by a number of allopathic physicians, for this trouble, without benefit, undergoing the usual routine local treatment. *Thuya* did not affect the case perceptibly. The direct application of the electrodes to the larynx would relieve her for several hours of an agonizing suffocative cough, which generally came on at intervals of ten to fifteen minutes during the day, but disappeared at night, on a change of the position of the growth establishing a more direct current to her lungs. I removed by the forceps as much of the excrescence as possible. I have no doubt the galvano-cautery applied directly to the warts would have relieved her, but I did not possess the necessary apparatus. The case was lost sight of in a few days.

INTERESTING SURGICAL CASES
IN THE HOMŒOPATHIC HOSPITAL, PITTSBURG.

(Read before the Homœopathic Medical Society of Allegheny County)

BY J. H. McCLELLAND, M. D.

DURING my term of service as attending surgeon of the hospital there have been many interesting cases in the wards, and there are, at the present time, several which I propose to report briefly, and then ask you to accompany me into the wards and make personal inspection.

Case 1. *Alonzo Stanley*, aged 19, was admitted to the hospital on May 19th, 1869, suffering with a comminuted fracture of the left femur, through the condyles. The accident occurred the previous night, by a fall into an excavation, upon some stones. One fragment of the bone was found riding upon the patella, and no amount of extension and manipulation was sufficient to dislodge it. The limb was swelling rapidly, and it was decided to make an incision over the seat of fracture, which was accordingly made to the outside of the median line, avoiding the patella and extensor tendon.

About two or three ounces of coagulated blood flowed out of the wound. Examination proved the condyles to be broken into many fragments, and that they would either have to be excised or the limb amputated. Deciding upon the former, the ragged end of the shaft was sawed off, and the condyles dissected out, involving an immense amount of tedious labor. The operation was accomplished without injuring any artery that required ligation, and the limb placed in a tin fracture-box, with extension by adhesive strips applied to the sides of the leg. Drs. Hoffmann and Burgher kindly assisted in the operation.

With a few exceptions, the patient's health has been remarkably good.

From some unexpected cause, the limb is at present considerably swollen, and painful to touch and motion. He

has had rheumatic pains and swelling in the other limb. With the use of *Bryonia*, I hope this condition will soon disappear.

The wound has almost healed, and is still discharging large quantities of healthy pus.

I neglected to state the length of the bone excised was four and five-eighths inches.

The endeavor to save this limb is still an experiment, and we may yet be compelled to amputate.

Case 2. George McMullin, aged 25, admitted June 3d, 1869, immediately after having fallen about thirty feet, upon a brick pavement. While descending from an upper story by a rope, it broke and precipitated him to the pavement as stated. Examination showed the right femur to be fractured at, or a little above, the upper third, besides other injuries of minor importance.

The fracture was reduced, the limb placed in a fracture-box, extension made by adhesive strips, and counter extension by the weight of the body. At the end of three weeks, a starch bandage was applied, two days after which he was allowed to move about the ward on crutches.

We now find the injured limb the exact length of the other, with the formation of a very large callus.

It is five weeks since the accident occurred; the starch bandage has been removed twice, and the limb sponged off twice.

The first two weeks, I administered *Symphyllum* 3d, then *Calc. phos.* 30th, for one week.

Case 3. John Hill, aged 38. June 29th, 1869. Was admitted at 11 o'clock, P.M. About noon of this date, was lying on the railroad track, probably under influence of liquor, when a train came along and inflicted several injuries, the most serious of which consisted of a comminuted fracture of the right ilium, and a lacerated wound of the right fore-arm, from the elbow to the back of hand. The patient was placed in bed, the wounds dressed, and a compress saturated with dilute *Arnica* applied over the fracture.

The hip and right side of body became very much discolored, almost black. Suppuration has taken place, and a large quantity of pus is being discharged from an irregular opening, almost the size of a man's palm. About six days after the accident, his condition was anything but promising; pulse almost gone, limbs cold, involuntary discharges from rectum and bladder; in fact, to every appearance, approaching dissolution. In this condition, and without anticipating a very favorable result, I administered *Carb. veg.* 30th every two hours. Reaction set in four or five hours after; he has been gaining ground ever since, and we now have hope of his ultimate recovery. Where suppuration has taken place, the attachments of the abdominal muscles have completely sloughed off, exposing the denuded crest of the ilium, and leaving but a thin septum, the peritoneum, to cover the abdominal viscera. Compresses with dilute *Calendula* are here applied, and also to the wound on the arm. There are several fragments of bone partly loose, which I will probably remove in a few days.

Case 4. Robert Cardwell, aged 26. Admitted June 20th, 1869. Five days previously, while at work in a coal mine about fifteen miles from the city, had a large piece of slate fall on his thigh, producing a compound fracture of the right femur, just above the condyles.

This case is treated with fracture-box, extension by means of adhesive strips applied to the sides of the leg, and counter extension by the same applied to the thigh, and fastened to the upper end of the fracture-box. It is now twenty-five days since the accident occurred, and I will apply the starch bandage within a few days. There will probably be half an inch shortening in this case, perhaps not quite so much. *Symphytum* 3d was given for a week or ten days, and then *Calc. phos.* 30th. He is now taking no medicine.

Case 5. Hugh Gibson, aged 24. Admitted July 7th, 1869, 7 o'clock, P.M. This man is also a miner. The night previous to this date, while at work in a coal mine,

about twenty miles from the city, was injured by falling slate.

The injuries were found to consist of a compound fracture of the tibia and fibula, with considerable contusion and swelling of the soft parts; also a scalp wound about four inches long, and several smaller ones on the face. The scalp and face wounds were drawn together by sutures, and the limb placed in a fracture-box, as in the other cases.

The frequent use of the fracture-box, with extension by adhesive strips, has perhaps been noticed; and I will say in this connection, that this method of treating fractures has been, to me, the most satisfactory. It answers all the indications, in most cases, and has the advantage of permitting a free and frequent inspection of the injured limb. The practice, also, of applying the starch bandage at the end of three or four weeks, where the cases permit, is duly appreciated by the weary patient, and certainly does not retard the process of cure, when carefully and skillfully applied.

EUROPEAN HOSPITAL PRACTICE.

BY B. F. BETTS, M. D.

WE sailed from New York in April, 1868, for Europe; intent upon visiting her medical institutions, and spending one year in Vienna. As our good steamer landed us at Bremen, we found it convenient to visit the Berlin hospitals, of which the largest is the Charité, with 1260 beds. Upon our arrival in Vienna, we learned from Dr. Eidherr, whose many acts of kindness will be ever held in grateful remembrance, that there are three homœopathic hospitals in that city, viz: one under the direction of Dr. Muller, with beds for 260 patients; the late Dr. Fleischman's hospital, with 80 beds; and the one under his own charge, for 60 female patients. But, unfortunately, these were all situated so remote from each other, that it was impossible to attend to more than one of them in a day, as the physician's visits were made in each at nearly the same hour.

To keep a correct trace of interesting cases, it is of course

necessary to be with the physician at every visit, so that the action of the remedy and the indications for its change, when such is resolved upon, may be noted; we therefore soon found it impossible to attend to more than one hospital, and the benefit we could derive from that must be from attention to cases that were examined in a style very different from what we had been accustomed to at home; and beside the meagre opportunity of hearing the diagnosis and name of the remedy, there was but little left us to profit from.

I will candidly admit, for the information of those who would send students to Europe to study homœopathic practice, that I was disappointed in that respect, for instead of being allowed to examine cases myself, and have a closer knowledge of the patient during his treatment than I enjoyed in America at the clinics, I found the homœopathic students attending the allopathic university; and the opportunity to study the practical application of our remedies from the material in our own hospitals, made of little avail.

In Europe, where there are no homœopathic colleges, (because all universities are under the immediate direction of the governments, and *they* cannot yet establish Homœopathy over Allopathy,) our students must receive allopathic diplomas to practice, and the only compromise that has been effected in Vienna is to appoint a professor (the late Dr. Fleischman), as teacher of Homœopathy at the clinics of one of the homœopathic hospitals. Why this chair was not better supported I am unable to tell; but so long as it is necessary to have an allopathic diploma from the university under the direction of the government under which the physician intends to live, homœopathic students will receive many ideas that require much practical experience to eradicate. For would it not be almost too much to expect of a young practitioner, that he should think of administering his pellets instead of using the knife, when he has become so used to its application; or think of administering the purely indicated remedy in parturition, when he has been taught that he can do no good with medicine in such cases; whilst nature may be calling in tones of unmistakable distinctness to the educated homœopathist for assistance.

Even *Secale corn.* has so frequently proven treacherous by bringing on "tetanus of the uterus," and consequent death of the child, that its administration before delivery is forbidden.

But the student finds such fine opportunities for the study of pathology, diagnosis, chemistry, operative surgery of all kinds, obstetrics in all its branches, that it took but a very few visits to the clinics, and through the wards of the general hospital, to show us with what profit we could spend our time there, and that instead of staying one year, how well we might appropriate three years to labor in the broad field before us. This hospital has beds for 3000 patients. Professor Billroth's surgical clinics are held daily, and as we were allowed the privilege of visiting the patients every morning or evening, with the assistants, we could keep trace of every case operated upon.

In the obstetric department, conducted by Professors Braun and Spaeth, the students are allowed to deliver as many normal cases as the most industrious could wish, and if they have taken an operative course from one of the assistants, can operate when it is required. There are about 9000 women delivered in these wards every year.

Of those under the care of Professor Braun, there were out of the 4378 pregnant women received, 245 operations made, such as: 71 forceps operations; 9 cases of craniotomy; 21 cases of turning and delivery by the feet; 21 umbilical cords were replaced; the fibres of the constrictor of the vulva cut 43 times to prevent perineal rupture; placenta was retained 7 times; and Cæsarian section was performed twice, after the death of the mother.

The hospitals of Paris are so scattered that the student loses much time in attending the different clinics; Vienna is better in this respect. We were politely shown over the London Homœopathic Hospital, by the obliging secretary, and learned it was in a flourishing condition, treating about 8000 cases annually, of whom 600 could be retained as indoor patients, for they have excellent accommodations for 60 beds. They hope soon to have lectures upon *Materia Medica* and *Practice* delivered in the hospital.

We have returned, after little over one year's stay abroad, to find the good work has been going on in Philadelphia, where there is to be a hospital established, and an effort made to combine the practical advantages of having actual cases before the student, with those doctrines of our school which are taught in America.

Extracts from my Note-Book. (B. F. B.)

They never use bandages after delivery, in the obstetrical wards at Vienna.

The placenta is removed by what is called the French method (also claimed by one of our western physicians), which consists in kneading the uterus externally with the hand on the woman's abdomen, when contractions do not expel it.

In such cases, contractions mostly come on, and the pressure exerted through the point of the index finger, is enough to force the placenta completely out of the vulva if directed upon the fundus in the direction upward and outward, and not against the sacrum.

The following case shows the injurious effect of large doses of ergot, especially in transverse positions. A woman suffered all night from excruciating pains, with no progress. A physician had given her ergot. She was brought to the hospital, when it was found that the child was in a transverse position, and the uterus so firmly grasping it that it was impossible to get the hand in to turn. Decapitation had to be resorted to, for fear of rupture of the womb.

October 22.—A woman was admitted with slight pains since last evening. At 1 P. M. to-day the membranes were ruptured, when the head presented normally, but attached to the lower surface of the uterus was the placenta, which reached over a portion of the os, from which it was detached, so that the patient had been bleeding a good deal. Pains were going on slowly. A narrow rubber tampon was introduced into the cervix, and ice water forced into it through a tube; a large tampon, very similar to the former, filled the vagina, to keep the smaller in place. At 6 P. M. the tampons were all forced out, the child's head having taken the place of the tampon, and after delivery I could find no traces of hemorrhage having occurred after its introduction.

EARLY DIAGNOSIS OF PARALYSIS.—It has been suggested that an early diagnostic mark of the oncoming of paralysis will be found in the change of character of the hand-writing of the patient. This is very important, if a fact, as it no doubt is; and as authors, editors, and business men who write much, are the most frequent victims of that terrible disease, it may be the means, by directing early attention to the deranged nervous condition, of saving valuable lives.

PUBLICATIONS RECEIVED.

CHARACTERISTIC MATERIA MEDICA. By W. H. Burt, M. D., of Lincoln, Ill., author of *Monographs on Polyporus officinalis*, *Polyporus pinicola*, and *Ustilago madis*. *Multum in parvo*. Philadelphia: Published by A. J. Tafel, 1869; pp. 469.

A careful inspection of this work, the appearance of which has been already chronicled in the *Hahnemannian Monthly*, does not disappoint the expectations raised concerning it, and we do not hesitate to speak emphatically of its great utility. The importance of the subject of which it treats, cannot be denied by any practitioner of Homœopathy, viz: the features of a drug pathogenesis which enable us to discriminate between its applicability to a given case, and that of another. Every homœopathist has some mental process, in prescribing, for setting apart certain medicines from the rest of the *Materia Medica*, and from these selecting one (it may be two), that has more direct bearing on the patient's symptoms than any other. It occurs to us that those who perform this labor by conducting the discriminating process solely with reference to the pathogeneses of the drugs as revealed by provings or clinical experience, stand a better chance of being right than others who follow a different plan; and, moreover, are more apt and more able to fulfil the requirements of one of the fundamental principles of Homœopathy, the giving of a *single* remedy. Dr. Burt's book will be a great assistant in this direction. He is well known to the profession as one of our most earnest and enthusiastic workers in the field of *Materia Medica*, and the painstaking labor he has bestowed on this production is worthy of great praise. In the language of the author, in his preface, the book is "neither a 'Text Book,' nor an 'Epitome,' much less is it offered as a substitute for the *Materia Medica*." "But from all the sources within my reach, including pretty much the entire range of our English and American homœopathic literature, I have endeavored to collect those symptoms, which, whether originally pathogenetic, or clinical only, have come to be regarded as 'Characteristics,' and as 'Key-notes,' by reason of their own prominence, or from the frequency of their mention by the best authorities."

After the manner of Teste, Dr. Burt has arranged the remedies into groups, although the remedies constituting a group are very dissimilar from those grouped together by Teste, and the reasons for their association very different, and, we may say, much more satisfactory. Every physician, however, will be disposed to group medicines according to his own views of their action, or for other reasons; and, in fact, this subject of "grouping" has heretofore been so unsatisfactory, in general, that it may be regarded as purely "a matter of taste." (Not Teste.) Our author would have done better, perhaps, in having the remedies follow each other in alphabetical order. Under the head of each remedy is pointed

out, first: "the several organs and tissues for which each particular remedy has a special affinity; and also the nervous spheres through which it primarily acts on the system.

"In the next place is stated the particular kind of pathological influence which the remedy exerts upon each tissue and important organ.

"Then follow what I have allowed myself to term the Grand Characteristics of the remedy."

The author has drawn his information mostly from the writings of Guernsey, Hering, Frost, Bell, Douglass, Hale, Hughes, and others. The principal "characteristics" however, are taken from Professor Guernsey's work on Obstetrics, and from his writings in the *Hahnemannian Monthly*, and the book is very appropriately dedicated to that gentleman. We regret, however, that the author has neglected, through inadvertence, to give credit, particularly under *Podophyllum* and *Phytolacca*, to the labors of Dr. Williamson.

The whole is concluded with an index to the remedies; upwards of two hundred in number.

The book has been issued in good style, which is "characteristic" of Mr. Tafel's publications, and presents all the advantages of good paper, clear type, and handsome binding. A number of copies are interleaved, which will be of great advantage to those who are not content with what they have, but wish always to add to their store.

THE HOMŒOPATHIC TREATMENT OF SYPHILIS, GONORRŒEA, SPERMATORRŒEA, AND URINARY DISEASES. Compiled by J. Ph. Berjeau, author of *Physiological Synopsis of Homœopathy*. Revised, with numerous additions, by J. H. P. Frost, M. D., late Professor of Physiology and Pathology in the Homœopathic Medical College of Pennsylvania. Philadelphia: Published by A. J. Tafel, 1869. pp. 256.

The original work of Berjeau, published in London, in 1856, though possessed of considerable value to the practitioner, which was fully recognized by English physicians, never had any very extended sale in the United States. The present publication presents all that the author therein set forth, and, besides, many very valuable additions by the American editor. Among these we notice, particularly, *Orchitis* and *Induration of the Testicle*, and their treatment, p. 74; an entire chapter on *Cerebro-spinal meningitis* and its treatment, p. 148, which was originally published in the fourth volume of the *Hahnemannian Monthly*, and is here introduced, as Dr. Frost remarks "to cover the vacant ground between the *Spinal Irritation* and *Tabes Dorsalis* of Berjeau." Indications for the use of *many new remedies* have also been added; the larger work of Jahr, and Raue's *Pathology and Therapeutics*, have furnished many important items, and American Homœopathic Periodical Literature—that inestimable storehouse of good things medical—freely drawn upon. The results of the editor's twenty years personal experience and observation add greatly to the practical value of the therapeutic parts of the book.

A concise and intelligible account of the pathology and symptoms of the disease under consideration, is given in each case; followed by dietetic, hygienic, and therapeutic directions, which, being of known accuracy, and the results of practical experience, make the work of Berjeau, as revised and amended, of very great value indeed. A copious index is added.

The manner in which this book is published, is also an evidence of the publisher's good taste and liberality.

EDITORIAL NOTES.

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.—A few days ago we paid a visit to this institution, situated, as of yore, in Filbert street, above Eleventh, and took a stroll through its museum. Where but a few short weeks ago all was bustle and confusion, neatness and order now prevail. The new arrangement of the cases is a very great improvement, and gives much more room for the large number of specimens, belonging to every department of medicine, which are here stored. The College is already in possession of a number of the elastic models of Auzoux, of Paris, and a plan is being carried out by which large additions will be made before the commencement of the present course, and eventually secure a complete set of these invaluable preparations. The consolidated museums of the two former Colleges, with the additions, make one which is not often surpassed.

The Twenty-Second Session will be inaugurated by a "preliminary course," during which, in addition to the regular faculty, a number of well known physicians will lecture; while during the winter months a course of lectures on the Principles of Homœopathy will be given by Carroll Dunham, M. D., of New York City, and one on Diseases of the Eye, by T. F. Allen, M. D., Surgeon to the New York Ophthalmic Hospital; in addition to the regular lectures by the Professors.

As an officer of the institution, we may, perhaps, be accused of partiality, if we say much in praise of it; but we cannot refrain from expressing our belief that students who come to it will in no wise be disappointed.

ST. LOUIS COLLEGE OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.—A new educational institution, with this title, has been organized in St. Louis, Mo., trustees appointed, a faculty organized, suitable and convenient apartments procured, and every facility afforded for a thorough and complete course of instruction in medicine and surgery.

The following gentlemen constitute the Faculty;—

D. R. Luyties, M. D., Professor of Theory and Practice of Medicine.

T. G. Comstock, M. D., Professor of Obstetrics and Diseases of Women.

Wm. Tod Helmuth, M. D., Professor of Anatomy and Surgery.

Jno. Hartmann, M. D., Professor of General Pathology and Clinical Medicine.

A. P. Skeels, M. D., Professor of Special Pathology—embracing the subjective and objective action of drugs.

R. A. Phelan, M. D., Professor of Materia Medica and Therapeutics.

S. H. Morrill, M. D., Professor of Physiology.

Regis Chauvenet, S. B., Professor of Chemistry and Toxicology.

R. S. Voorhis, A. M., Professor of Medical Jurisprudence.

E. W. Pattison, A. M., Professor of Medico-legal Questions, embracing pregnancy, infanticide and rape.

J. S. Reed, M. D., Adjunct Professor of Anatomy, and Demonstrator.

C. H. Goodman, M. D., Assistant and Prosecutor to the Chair of Surgery.

J. H. Campbell, M. D., Assistant to the Chair of Chemistry.

Wm. C. Richardson, M. D., Assistant to the Chair of Obstetrics.

The officers of the Faculty are:—

Wm. Tod Helmuth, M. D., *Dean*.

D. R. Luyties, M. D., *Registrar*.

T. G. Comstock, M. D., *Treasurer*.

We trust the new institution will meet with all the success we wish it. The mere fact that Professor Helmuth is connected with it is sufficient to bespeak our best wishes, but the well-known ability of the members of the faculty, is a good guarantee of a future prosperous career for this new western enterprise.

THE POTATO BUG.—Dr. E. M. Hale, of Chicago, read a paper before the Cook County Medical Society, on the evening of July 22d, relative to the poisonous properties of the Colorado potato bug, and the best means of antidoting its virulent effects. It would appear that the poison is exhaled in the form of vapor, while the insects are in process of being destroyed by heat; a method which is generally resorted to by farmers. In cases in which poisoning has followed the crushing of bugs in the hand, it is probable that there existed fissures or sores on the hand, and that the "juice" of the bugs being taken directly into the circulation, blood poisoning ensued. In such cases, *vesication* does not take place as from the *melœ vesicatorius*. Under the influence of the poison, it is probable that the blood becomes disorganized, a septic condition obtains, and inflammation of a low grade, simulating erysipelas, results.

A proving has been made by Dr. C. Ruden, of Joliet, Ill., who has had some experience in the treatment of cases of bug poisoning, which we transcribe entire.

"June 1, 1869.—The experimenter being in a healthy condition, all the functions of the body normal, took five drops of the saturated tincture; immediately after, experienced burning of the throat, down the œsophagus, with the stomach-ache, accompanied with cough; great weakness and heaviness, with inclination to lie down; irritable temper; weakness

increased by talking; fatigued by the slightest exercise in the open air: took five drops in the evening; felt a fainting sensation when walking, with dimness of sight; a sensation of blackness before the eyes; a sensation as if I would fall at every step; pulse 120; sleeplessness until 12 o'clock in the evening; after that restless sleep, with terrifying dreams. Pulse 150 (?).

"June 2.—Took ten drops, in morning, of tincture, with no apparent new symptoms, but an aggravation of the symptoms already manifested. In the evening took ten drops more. After this dose, felt great trembling in the extremities; could not guide the pen while endeavoring to write. Violent pain in the bowels, in the right side, passing downward to the rectum. The pain ceased after an hour. Restlessness without weariness. Pulse 120.

"June 3.—Took fifteen drops of the tincture. Did not experience the same amount of weariness and debility. Violent diarrhœa, of a bloody, slimy nature. Eyes inflamed and protruding. Face considerably bloated, giving me the appearance of a confirmed drunkard. Pulse 130. At 3 o'clock, afternoon, took fifteen drops tincture. Trembling in right arm and leg, as if a galvanic battery were attached to it. Pulse 120.

"June 4.—took fifteen drops. Coldness of the hands and feet. No appetite, but great thirst. Pain in the bowels, increased by eating or drinking. Continued diarrhœa. Retention of urine from morning till night.

"June 5.—Took twenty drops of tincture. Violent fever from 8 o'clock in the morning to 2 o'clock in the afternoon. Slight abatement of diarrhœa. Difficult urination. At 5 o'clock fifteen drops; immediately after voided a large quantity of urine of a dark-red color, with a dirty sediment; voided with *considerable pain*.

"June 6.—Took twenty drops tincture, morning and evening, with no additional symptoms. Pulse 75.

"June 7 and 8.—Took same quantity: swelling of the feet, with burning and stinging; a sensation as if full of pins.

"June 11 and 12.—Took same as previously. No new symptoms, but a continuation of previous symptoms; craving for something sour; smoking seemed to increase the severity of the symptoms. The diet of the prover, during the experiment, consisted of bread, meat, and tea."

Dr. Hale solicits from physicians or others, reports of cases of poisoning by this insect.

LEAD, IN ITS RELATIONS TO PUBLIC HYGIENE.—Dr. C. S. Rodman, of New Haven, Conn., recently read before the *Waterbury* (Conn.) *Scientific Club*, an able and very interesting essay on this subject, having special reference to the poisonous effects of water conveyed through lead pipes; a custom which is so prevalent in this country, and which is worthy of greater attention than it has heretofore received. It is not in this way alone, however, that lead poisoning occurs, as the essayist points out. He adduces cases of poisoning by lead, resulting from occupations,

such as painting, plumbing, sheet-making, &c., the use of cosmetics, "hair restoratives," and lead lotions and ointments.

In regard of lead poisoning by means of water pipes, Dr Rodman quotes the remarks of Prof. Dalton:—"I believe it to be a prolific cause of many anomalous cases of deranged health, and have been strongly inclined to suspect that it may often be at the foundation of the thousand and one forms of nervous affections which afflict modern life, and perplex and puzzle the modern physician by their Protean forms and intractable character," and concludes his essay as follows:—

"Enough has been adduced to prove that the continued use of lead in the distribution of water has no other explanation than that of economy. As good citizens, physicians and men of science are urged to be ever vigilant for the welfare of the community, to give counsel to the public on subjects pertaining to public hygiene, and in regard to measures for the prevention of epidemic and contagious diseases. Let us discharge this obligation. The responsibility, then, rests upon those whose short-sighted economy benefits chiefly the medical profession.

GERMANTOWN HOMŒOPATHIC DISPENSARY.—M. M. Walker, M. D., has established a dispensary in Germantown, Philadelphia, at which the sick poor may receive advice and homœopathic medical treatment gratuitously. This is an individual enterprise, for which Dr. Walker, who is an excellent physician and an enthusiastic homœopathist, deserves much commendation.

HAHNEMANN MEDICAL COLLEGE OF CHICAGO.—This institution has been reorganized, the "hatchet has been buried," and a strong faculty is the result. Dr. E. M. Hale has accepted the chair of *Medical Botany and Pharmacology*, which was created at his request. Dr. H. desires us to publish the following letter to the profession:—

Dear Doctor:—I have selected, for the present, the department of *Medical Botany and Pharmacology*, for the purpose of working in a hitherto neglected field of labor in the homœopathic school of medicine.

We have no text-book of Medical Botany, and those of Pharmacology are obsolete, and not in accordance with the present advanced condition of Chemistry and Pharmaceutics.

Will you not render your aid in perfecting this department by sending me specimens of medicinal plants, etc., together with your practical experience or suggestions relating to Pharmacology? All contributions, suitable, will be placed in the College Museum, with due acknowledgment.

Very sincerely,

E. M. HALE, M. D.

TO PRECEPTORS AND MEDICAL STUDENTS.—Dr. Malcolm Macfarlan, Professor of Clinical Surgery in Hahnemann Medical College of Philadelphia, is prepared to receive pupils for private instruction in Surgery. They will have the advantages of direct instruction in use of instru-

ments, the ophthalmoscope, laryngoscope, etc., and be thoroughly drilled in everything that pertains to practical surgery. Dr. M's office is at No. 1721 Chestnut Street, Philadelphia. It is because we know him to be a most competent teacher, that we give this notice.

EDITORIAL ASSOCIATION.

DURING the recent session of the American Institute of Homœopathy, at Boston, a meeting was held at the house of I. T. Talbot, M. D., 31 Mount Vernon Street, on the morning of June 10th, for the purpose of forming an Association to be composed of Editors of Homœopathic Medical Journals, published in the United States.

The following gentlemen were present:—

W. Williamson, M. D., of Philadelphia; Carroll Dunham, M. D., of New York; I. T. Talbot, M. D., of Boston; F. W. Hunt, M. D., of New York; H. N. Martin, M. D., of Philadelphia; T. C. Duncan, M. D. of Chicago; and Robert J. McClatchey, M. D., of Philadelphia.

The meeting was organized by calling Dr. Dunham to the Chair, and Dr. McClatchey was appointed Secretary.

Dr. T. C. Duncan then stated the object of the meeting; urged the formation of an Association, as proposed; and pointed out the advantages that would be derived from it, by editors and the profession in general. An expression of opinion as to the desirability and utility of the organization was then had; whereupon it was moved and carried that a committee of three be appointed to prepare a Constitution and By-laws to be hereafter submitted, and to devise ways and means for carrying out the object of the meeting.

The Chair appointed said committee as follows:—

Drs. I. T. Talbot, T. C. Duncan, and R. J. McClatchey.

Adjourned to meet at the call of the Secretary, during the next session of the American Institute of Homœopathy.

ROBERT J. MCCLATCHEY,

Secretary.

THE HAHNEMANNIAN MONTHLY.

Vol. V. Philadelphia, October, 1869. No. 3.

THE INFLUENCE OF HOMŒOPATHY.

BY ROBERT J. McCLATCHEY, M. D.

HAHNEMANN has said of Homœopathy, that it is "*a great truth which men may disregard for a time, until the period arrives when its rays, according to the determination of Heaven, shall irresistibly break through the mists of prejudice, and like Aurora and the early dawn, shed a beneficent light, clear and unextinguishable, over the generations of men.*"

These words are not to be regarded as having been dictated by prophetic inspiration, or as the enthusiastic outburst of a great discoverer. Hahnemann knew that the law of cure revealed to him was simply a missing link in the chain of natural laws, and part of the great *Truth* : he knew well, too, the mightiness of truth, and that it must eventually prevail. The opinion they express, therefore, can only be considered as a deduction, *ex necessitate*, from the fact that the true method of healing the sick, which carried with it evidence of its origin, had been discovered.

At a superficial view of the relative positions of the two opposing systems of medical practice, there appears to be good reason for thinking that the dawning of this blessed

day is not near. The old school is still the dominant school. Its practitioners and their patrons, its hospitals and colleges, are more numerous than ever; and this notwithstanding the wonderful growth of the new school in the number and influence of its adherents.

On a more careful investigation, however, there appears many circumstances to induce a belief that the "mists of prejudice" are rapidly fading away before the "beneficent light, clear and unextinguishable." For as in the recent rebellion against the authority of the United States, the rebellious armies presented a seemingly bold front until near the end, and then collapsed with surprising suddenness, so the so-called allopathic school of medicine, apparently maintaining its integrity, and fighting the "heresy" of Hahnemann with undiminished vigor, gives evidence, and very palpable evidence, that it is feeling the weight of the ponderous blows of truth, is pierced to the core, and almost ready, though quite unwilling, to fall entire into the hands of victorious Homœopathy.

The silent influence of our system in modifying the ponderosity and complexity of old school dosings, and the inauguration of "young physic," by which nature was permitted to fight disease unincumbered by the action of drugs, were among the earliest influences for good it exerted; the roseate streaks of the dawn and day to come; but there are more recent events in old school history, to some of which we propose to allude as evidences that the opinion of Hahnemann seems not far from verification. The remarkable address of Sir Thomas Watson before the Clinical Society of London, and its supplemental defence, have been thoroughly discussed in this regard, and, as well, the events attending the recent conversion to Homœopathy of Dr. Archchibald Reith, of Aberdeen, and his coadjutor Dr. Dyce Brown. We, therefore, simply call attention to them, as straws which show the direction in which the wind is blowing.

But more important matters are found in the fact that many practitioner of the old school are paying marked attention to the adaptation of drugs to diseased conditions as

revealed by symptoms, and the singular fact that very much of their recently obtained knowledge in this direction is beyond question obtained from homœopathic sources.

A work has just been issued in London, entitled "A handbook of Therapeutics," by Sydnor Ringer, M. D., Professor of Therapeutics in University College, &c., in which the contrast exhibited by the specific indications given for the use of drugs, as compared with the vague and unsatisfactory generalizations exhibited in similar works of a few years back, is very great, and gives singular evidence of the influence of Homœopathy. Indeed, the source from whence Dr. Ringer has derived many of these drug indications, is unmistakable; and even the dose which he occasionally recommends is not far removed from the abhorred "infinitesimals."

We present Dr. Ringer's *indications* for the use of *bichloride of mercury*, in the diarrhœas of children, of which drug he recommends that a grain be dissolved in half a pint of water, and a teaspoonful of the solution given every hour.

"Where the child passes three or four pale, clayey, pasty, stinking motions in the day. At the same time, the health is bad, as digestion is imperfect, and, perhaps, much flatulent distension troubles the child.

* * * * * * *

"There is another serious form of diarrhœa, either acute or chronic, common in children, which may be most admirably treated by the *bichloride of mercury* solution above mentioned. These are the circumstances which guide us to its employment:—Very slimy stools, especially if mixed with blood and accompanied by pain and straining. The slimy character of the motion is the great indication for this medicine, which character will, with certainty, be removed by its exhibition. It sometimes happens the slime is very tenacious, and, being colored with blood, is described by the mother as lumps of flesh. * * *

"The dysentery, acute or chronic, of adults can be relieved in a similar manner, if the stools are slimy and bloody." (p. 170.)

Again, he directs that *Arsenic* shall be given in one drop doses of the solution, when the following conditions are exhibited:—

"There is a sinking at the pit of the stomach, which is relieved by food, but immediately this is taken, nay, even while it is being eaten, there is an urgent desire to relieve the bowels, which may compel the patient to leave the table. The motions then are solid, or semi-solid, and usually contain lumps of half-digested food." (p. 191.)

His idea of the curative virtues of *Belladonna*, in some forms of headache, is exemplified in the following directions for its use, viz:—

"Where the pain is situated over the brows and in the eyeballs, and these latter feel as if too large for the head, and as if they would be forced out of the skull :

And wonderful to relate,

Chamomilla may be very usefully given every hour or two to children with diarrhœa of green slimy stools, * * * * such a diarrhœa as is frequent in summer, and also during teething."

An involuntary acknowledgment of the truth of the formula *similia similibus curantur*, is seen in the following remarks on the effects of *bromide of potassium* when taken in large doses:—

"It also produces bodily and mental depression, and the patients become low spirited, subjected to gloomy ideas, are soon fatigued, and unfitted for work."

And a little further on, in the same article, when treating of the curative effects of the salt, he says:—

"Men, but especially women, and more usually those who inhabit towns, become the subjects of great despondency and low spirits. At times this is so bad as to make them, as they express it, 'feel as if they should go out of their mind.' These distressing symptoms can very generally be removed by the use of the *bromide of potassium*."

Dr. Ringer is not a homœopathist, and, doubtless, he would stoutly deny any tendency on his part toward the great medical heresy. The above quotations from his book, however, are but a moiety of what might be exhibited in proof of his acquaintance with the symptomatology of the homœopathic *Materia Medica*, and of his homœopathic practice, acknowledged or unacknowledged. He has been

gathering pebbles on the shore of the ocean of truth, and is afraid, ashamed, or unwilling to tell whence he got them. This is a species of narrow, short-sighted selfishness, far removed from the broad and enlightened self-love which sees its own best good in the well-being of all. There is this fact to be borne in mind, however, that Dr. Ringer is a representative man, a leader, and a teacher of orthodoxy. His teachings will have their weight; the truths he has written will be acknowledged, and his students will discover, if he does not tell them, that the method of practice he has taught them is that of Homœopathy, and that his wonderful knowledge (for an allopathist) of the curative action of drugs is derived from the homœopathic *Materia Medica*.

In this country, Dr. Iretus Greene Gardner, of New York, has been writing a series of articles for the *New York Medical Journal*, entitled "Studies in *Materia Medica*." His second paper, published in the May number of that journal, is on "Arsenic in Consumption," &c., and he takes especial pains to show that his opinions in regard of the applicability of Arsenic to certain diseased conditions, must not be mistaken for, or be supposed to have been derived from "the Hahnemannian theory." We subjoin a single paragraph:—

"We know how promptly the organism resists any force that disturbs the equilibrium of its physiological action. It is this natural tendency to resistance and repair that constitute the *vis medicatrix naturæ*. It must, then, be the physiological phenomena caused by this natural resistance to a reaction against a small dose of arsenic that alone is desired; and as such phenomena may be opposed to phenomena developed by a contemporary disease in the system, the dose would thus be remedial and curative. This we may term the *reactionary* or *indirect* effect of arsenic obtained from small or minute doses. *If the reactionary effect of arsenic be to develop physiological phenomena opposed to those produced by a toxic dose, then this reactionary effect would be remedial and curative for such condition and diseases of the system as give phenomena like those produced by the toxic effects of arsenic, by arousing a latent vis medicatrix naturæ, against such disease.*"

We submit the evidence without argument. There is no question but that the more advanced and able men of the

old school are grasping at Homœopathy, and many of them have reached it. A variety of circumstances prevent an honest and open avowal of the truth on their part. Some are deterred by the fear of a loss of caste and association, while others have the same reason Sangrado had for not leaving his system, having written and spoken so much in favor of it and against others. There seems to be less to fear now from the non-conversion of allopathists than from their wholesale conversion, and the consequent influx of crudities and ancient errors into our practice, and it will be well for us to see to it that Hahnemann and his labors are not ignored.

In the language of Lamartine, applicable as well to the history of medicine as to the history of France, "there are epochs in the history of mankind when withered branches fall from the tree of the human race, and superannuated and exhausted institutions break down to make room for fresh sap, and new institutions, which by invigorating thought regenerate society."

SUBCUTANEOUS INJECTION OF UNDIGESTED NUTRIMENTS.

—Two Vienna physicians, Drs. Menzel and Perco, have recently injected undigested nutrient substances, successfully, under the human skin, after twenty-five successful experiments on dogs of the subcutaneous injection of almond, olive, and cod-liver oils, in various amounts from a drachm to an ounce, the oil being absorbed into the system in from thirty-six to forty-eight hours. After trying a small quantity of a similar injection on a man, without any unfavorable results, "they then injected a drachm of milk once; one or two drachms of syrupus simplex ten times; and a drachm of the yolk of a hen's egg four times, with perfect success in each case: the substance being usually absorbed completely within twenty-four hours."

PULMONARY CATARRH.

BY J. H. P. FROST, M. D.

IN a former article,* we described that form of Pneumonia, *Atelectasis*, which by some authors is termed Capillary Bronchitis. This is an acute disorder, which affects principally infants; sometimes old people: in this latter case being most generally known by the name of Pneumonia Notha. The subject of the present paper some might prefer to call Bronchial Catarrh. But since with this term the disorder intended would be liable to be confounded with Bronchitis, we adopt the name *Pulmonary Catarrh*; and under this title describe a distinct and well defined variety of disease.

There are three principal forms of *Tabes*, or "Consumption," whose seat is in the organs contained within the chest: *Phthisis Pulmonalis*, *Chronic Bronchitis*, and *Pulmonary Catarrh*, or, as it might be termed, *Mucous Phthisis*. These differ from each other, I. in the particular structures which become their determinate seat; II. in the periods of life in which each one is most apt to occur; III. in the variety and intensity of their symptoms, and IV. in their averaged duration.

Phthisis Pulmonalis, as is well known, has its seat in the parenchyma of the lung itself; the earlier years of life, up to about thirty-five, are those in which this form of *Tabes* most usually appears. The symptoms progressively vary in character and intensity, according to the stage of primary, tuberculous deposit; of secondary and more abundant deposit, softening and expectoration: or of final ulcerative disorganization: while the duration is nearly always between the limits of twelve and twenty-four months.

Chronic Bronchitis, or Bronchial Consumption, has its seat in the mucous membrane of the larger and especially the smaller bronchia, where a certain sort of superficial

* *Hahnemannian Monthly*, April, 1869.

ulceration eventually succeeds to the primary inflammation; is a disease which, *sui generis*, pertains to middle life; characterized by paroxysms of most difficult and distressing cough, with viscid, tenacious, and, in the advanced stages, purulent sputa; by frequently recurring aggravations, which simulate attacks of acute bronchitis; dilatation of the bronchia,—sometimes with an accompanying fetid expectoration; and by the usual duration of about four years.

Pulmonary Catarrh, or Catarrhal Consumption, likewise has its seat in the mucous membrane of the bronchia; but it is far less apt to involve the minuter, and seems preferably to affect the larger bronchia.* And in this I think is to be found the principal difference between this chronic catarrh and the acute forms, which, as *atelectasis* or as capillary bronchitis in very young children, or as *pneumonia notha* in the aged, proves in most cases so suddenly fatal.

The period of life in which Pulmonary Catarrh seems most apt to establish itself, is that which comes after the period of chronic bronchitis; just as chronic bronchitis comes after that of phthisis pulmonalis. Thus tuberculous phthisis covers the ground from puberty to about the thirty-fifth year; bronchitis from thirty-five to forty-five; while true pulmonary catarrh prevails as a chronic affection about the age of fifty,—before and after. Phthisis pulmonalis being a disease of the more active early life, runs a comparatively rapid course; bronchitis affecting persons in the middle age, those who are, as it were, in the most substantial state of life, usually lasts about four years;—the strongest systems seeming to sink in that time under the distressing intensity of the various and complicated symptoms; while in the case of those in

* Quite recently, I examined an elderly man, over fifty years of age, who manifestly had "consumption," who had been sick and wasting away for two years, and who expectorated an enormous amount of what had latterly become a tenacious mucus. In this case expectoration seemed to come entirely from the trachea; all his previous medical attendants assured him that his "windpipe only was affected.

whom the pulmonary catarrh is developed, although always in the decline of life, still from the gradual advance, and comparative mildness of the symptoms, life is prolonged six or seven years; or in some cases still longer. This greater durability of life is evidently owing to the disease not extending very far into the smaller ramifications of the bronchia. So that even when persons draw near the close of their life, with this disorder, they finally sink, worn out with exhaustion, innutrition, and wasting losses; *continuing to breathe for many hours without respiratory distress, after the mucous r le and actual rattling show that all the air passes through mucus in the larger bronchia to the smaller branches and ultimate air cells, which are still free.*

The comparative mildness of the symptoms is seen in the relative nature of the cough of bronchitis and catarrh. In the former the cough occurs in paroxysms, which are much more severe the longer they are delayed; this is especially the case in the morning after even a very few hours of sleep. In such cases of chronic bronchitis, the already tenacious mucus becomes still more viscid and difficult to detach, by reason of the evaporation of a portion of its moisture by the hot respired air passing over it. While in the latter or catarrhal forms of disease, the expectoration is not only not rendered more difficult by such delay; but it even seems to have been facilitated by the accumulation. Especially have I noticed this in extremely feeble patients, who seemed to raise the phlegm more readily, when there was a considerable quantity to work upon.

Cases of Pulmonary Catarrh are liable to acute aggravations,—often from changes in the weather, sometimes from no appreciable cause,—equally with those of bronchitis. In the one case, as in the other, the expectoration, at such periods of aggravation, will be frothy, scanty, and insufficient. But while the ordinary sputa of bronchitis is tenacious, and, in the advanced stage, purulent and sweetish; that of catarrh is more manifestly mucous and catarrhal;—although even this may sometimes appear purulent, and sink

in water.* But in this latter form of disease the cough is more continuous; often enduring all night. It is far less harassing and exhausting, however, although it occurs in persons who are older and still feebler than those who are usually subjects of chronic bronchitis. Some of the most distinguishing characteristics of pulmonary catarrh, as compared with chronic bronchitis, are to be found in their respective modes of origin, and in their cognate and accompanying disorders. Chronic bronchitis may be said to be the natural result of repeated attacks of the acute form. While pulmonary catarrh will invariably be found to result from the extension to, and development in, the mucous membrane of the bronchia, *of a previously existing catarrhal affection of the head*. So frequently is this the case, that numerous instances can be referred to in which a pre-existing catarrh of the head ceased in a great measure upon the establishment of a similar affection in the bronchial mucous membrane. This is important to be borne in mind; for we contend that the catarrhal affection differs as much (and in something like a similar manner) from that of bronchitis, as diarrhoea does from dysentery.

And this distinction is still more plainly seen in the cognate and accompanying disorders; but the extent to which this paper had already reached, while much remains still unsaid, reminds us that we must drop the comparison, and describe the pulmonary catarrh alone; first remarking that bronchitis has a more especial relation to *laryngitis*; while the catarrhal affection may assume the form of an inveterate *tracheitis*,—as in the case referred to in the preceding note.

* We have known an allopathic physician of good standing, and who was considered an experienced and scientific physician, to pronounce a patient to have ulcerated lungs, and to be in the last stages of pulmonary phthisis, *because the expectoration looked like pus, and sank in water*; when in fact, the patient never had ulceration of the lungs, but died nearly two years after, at the age of fifty-three, of exhaustion from imnutrition and diarrhoea.

For cognate diseases, the influence of the pulmonary catarrh seems to extend also to the stomach, causing permanent anorexia, and almost absolute inability to eat. This condition may be accompanied by a long prevailing and intense acidity of the stomach. This, however, I have known to change, towards the close of life, to an alkaline taste in the mouth; the previous constipated state of the bowels being at the same time replaced with a most distressing flatulence,—which latter eventually terminated in diarrhœa.

Intimately associated with this catarrhal state, especially in its subjective excessively acid or alkaline conditions,—and no doubt very greatly dependent upon them,—I have often seen severe *rheumatic complications*. These, in cold weather, taking the form of acute rheumatism,—exclusively affected the upper limbs from the hands to the elbows, and the lower extremities up to the knees. During the continuance of such intense rheumatic inflammation, I have seen the catarrhal symptoms measurably relieved; at least they were somewhat less severe.

In other respects, pulmonary catarrh is attended with much less strongly marked febrile symptoms. In some instances, very far advanced, the chill would be merely protracted coldness in the back, recurring at a certain portion of each day, and the heat confined to flushing of the head and face,—without other hectic appearances; the chilliness itself seeming to be of a symptomatic (or even possibly of a miasmatic) nature, rather than such as is usually supposed to result from the formation of pus in pulmonary ulceration. In this latter condition it was not present in the cases from which these remarks are drawn; the pulse also remained for a long time at from ninety to one hundred: its rapidity due to excessive debility, and most certainly not indicating an increase of fever or heat, which was not present. In cases of phthisis, of very much less general feebleness, I have often seen the pulse steady at one hundred and twenty-five or thirty:—these were cases of hectic.

But finally, for our comparative description,—which clings to us in spite of being discarded,—in cases of pulmonary catarrh, unlike those of phthisis pulmonalis or bronchialis, the patients would feel very much better in the evening, and worse in the morning and forepart of the day; and this too without the presence of that hepatic complication, which so often determines the form of aggravation and amelioration.

Towards the close of life, in such cases of pulmonary catarrh as have advanced too far to be cured even by the plainly indicated homœopathic remedies, there will appear, very rarely, a slight *hæmoptysis*. In the instances of this kind which have come under my observation, this hemorrhage has evidently resulted from excessive debility, and poverty of the blood itself. *Opium* will usually do in such cases all that can be done, in preventing a recurrence, and in removing the ill effects which are often largely disproportionate to the actual loss of blood.

Less rarely, *aphonia* makes its appearance,—apparently connected with an aggravated condition of the tracheal and bronchial mucous membrane inflammation; often there is more or less hoarseness: when such cases are worse in the morning, I have found great relief from *Carbo-veg.*

Coughing up large masses of mucus, which fell back again; *Causticum*.

For cough with mucous r le, and utter inability to expectorate, *Ipecac.* is invaluable.

For the *faint spells*, with great and unusual debility and excessive shortness of breath,—still without any actually suffocative feeling,—I have found great help from *Opium*. Such spells not infrequently occur, from no apparent cause, months before the close of life.

In the *Diarrh a* which sets in, especially in hot weather, in the last stages of the various forms of "Consumption," *Opium* also affords relief: and at the same time aids in sustaining the system too scantily supplied with oxygen,—

very much as coffee and tea, in health, serve to remove some of the necessity for food.

In cases of Pulmonary Catarrh, as in other forms of phthisis, the symptoms are constantly varying. But it will never do to change the remedy too often; or too frequently to repeat the dose. Sometimes, for example, *Calcarea* 2^c will be indicated (by the cough and inward fever, &c.,) and will afford prompt relief. This may continue for awhile. Then again, I have seen Phosph. 5^m. exert at another time an equally favorable influence in the same cases. *Stannum* and *Kali-bi.* will often be indicated by their well known characteristic symptoms in such cases, and numerous others, which space fails us even to name, will each, when called for, do a certain amount of good in relieving suffering, and thus at the same time retarding the fatal termination, where a cure is no longer possible.

CIRCULAR FROM THE BUREAU OF MATERIA MEDICA.

(American Institute of Homœopathy.)

THE members of the Bureau of Materia Medica, in laying out their work for the coming year, have arrived at the conclusion that the continued proving of new drugs is of less importance to the progress of Homœopathy, at present, than the verification of the great bulk of material already at the disposal of the profession, in the form of provings. It is much easier to add new provings than to verify the old by clinical experiences; and it is to this subject that the Bureau of Materia Medica desires to direct the attention of the members of the American Institute, and to urge their co-operation.

The plan of the Bureau is as follows: To verify the existing Materia Medica, old as well as new, by collecting the

clinical experiences of the homœopathic physicians of America.

The facts to be collected shall be concerning well proved remedies. The provings shall form the basis of observations, inasmuch as prescriptions are made according to them. All clinical observations upon unproved drugs are to be avoided.

Physicians are requested to communicate only such cases as have been from time to time *recorded* in their case-books, diaries, &c., all quotations from memory, and generalities, to be avoided.

Cases should be concisely reported, briefly mentioning the name of the disease, length of its duration before treatment, the time at which improvement commenced after treatment, and the time required to perfect the cure; *but particular stress should be laid on the symptoms leading to the selection of the remedy and to the cure of the case.*

State cases in which medicines were selected with care according to provings, but in which the indications *failed* to lead to the improvement or cure of a case.

Class of Remedies to be Verified.

The Bureau proposes to select particularly those medicines from the old and recent contributions to the *Materia Medica*, concerning which experience seems to be deficient, and which, though well proven, appear to have been used less than their pathogeneses demand.

In collecting and arranging communications, the members of the Bureau of *Materia Medica* will be particular to accredit each contributor with what he has furnished, by appending his name at the end, in the manner adopted by Hahnemann and other compilers, thereby making each one responsible for the accuracy of his observation.

Explanation.

For the purpose of illustrating the design of the Bureau, we append a few cases and observations, in which the following signs have been used:

The (V) denotes that all the symptoms which precede are found in the recorded proving of the drug, and were *verified*, that is, removed by its administration.

The dash (—) means that all the symptoms which follow in the same paragraph, were present in the case.

The (D) indicates that these symptoms also disappeared under the use of the remedy.

The italicised symptoms are those which led to the selection of the remedy: and the name at the end of the paragraph is that of the verifier.

Cases of Verified Symptoms.

Anacardium or. *Digging and throbbing pain in the right side of the head, above the temple, and along the border of the orbit, relieved entirely while eating; when lying in bed at night, and when about falling asleep; worse during motion and work, V.* — Tough or sticky mucus in the throat in the morning, an attempt to remove which ends in vomiting, D. The above symptoms, which had continued for five weeks, were promptly removed by *Anacardium* 30. W. E. Payne.

Anacardium or. *Cramp in calf of leg when walking, or when rising from a seat or recumbent position; entirely relieved by lying down, V.* *Anac.* 30, one dose, cured in a few hours.—W. E. Payne.

Menyanthes trif. Pain in the forehead, more severe in left side, left eye, and left ear, extending through to the occiput; much relieved by pressure with the hands, V. — Aggravated by lying down, by sleep, and by application of cold water. Cold feeling of head, as if cold wind were blowing upon it; nausea, D. The symptoms were very violent in the case of a woman 50 years of age; but disappeared promptly under a single dose of *Menyanthes* 2^c.—Wm. E. Payne.

Agaricus musc. Spinal irritation with tendency to paralysis of legs, of several months duration, in a man addicted to onanism fifteen years ago; Symptoms: *Pain in lumbar*

region and sacrum, especially during exertion in the day-time, and *while sitting*; pain, sore aching; back not sensitive to the touch; painful heaviness and nervousness of legs while sitting and after riding, *improved by walking*, V. Entirely relieved by Agar. 20, taken for several nights.—C. Wesselhoeft.

Lycopodium. Cough, constant and hard day and night for more than a week, with extreme emaciation, V, and muscular feebleness, D, peculiar to the patients from childhood (boys about twelve years old). Relieved immediately by two doses of Lyc. 2^c. Entire convalescence in two days.—C. Wesselhoeft.

Squilla mar. Hooping cough of two weeks duration in a woman aged thirty. — Has a suffocative attack, without much cough, at about eleven o'clock every night, so violent as to make her start to her feet in the agony from entire loss of breath, D. *Drinking cold water always brings on an attack of cough* and suffocation; coughing attended with violent stitches in the side of the chest, V. *Squilla* 6^c in water, a dose every four hours, permanently relieved these symptoms in less than a day, and reduced the whooping cough to a slight common catarrhal cough.—C. Wesselhoeft.

Alumina. Spasmodic constriction of the throat which interferes with swallowing, feels the food the whole length of the *oesophagus*, V. She was obliged to have the food liquid or semi-solid. Alumina 2^c.—H. L. Chase.

Platina. Headache, gradually increasing till very severe, then decreasing as gradually. Menstruation early and profuse, with severe pain at commencement, V. The headache came on regularly every day at 9 A. M., lasted two hours, accompanied with dimness of vision, slight nausea, and great depression of spirits; worse on motion, D. Patient dark complexion, black hair. Plat. 3d, a dose morning and night for four days.—H. L. Chase.

Cina. Intermittent fever, tertian, during the whole paroxysm paleness of the face, with dark circle under the eyes. V. Chill

commencing in the back and going upward; pain in the limbs; nausea; vomiting; thirst; chill lasted an hour, then heat, with headache; desire to remain perfectly still, and in the dark; sweat very profuse the night previous to the chill, which occurred at 8 A. M. Had lasted for ten days. Cina 30, four doses during the apyrexia.—H. L. Chase.

Eupatorium perf. Tertian ague of two weeks, in a boy fourteen years of age; sallow countenance with sickly aspect, D. *Thirst throughout the night previous to the chill. Chill commenced at 8 o'clock, A. M. Thirst during chill and heat, with vomiting after each drink of water. Vomiting of bile at the close of the hot stage, which was followed by an inconsiderable amount of perspiration,* V. Eup. perf., ten drops of the tincture in a tumbler half full of water, a tea-spoonful every three hours. But one slight paroxysm (without chill) after commencing with the medicine. One prescription cured the case.—W. Williamson.

Rhus tox. Discharge of an offensive blackish water from the vagina two weeks after delivery, with bursting feeling in the head, as if the head was swelling out, V. Shooting pains by spells through the head; worse when lying and better when the head is raised, D. Rhus tox. 6th centesimal in water, a tea-spoonful every four hours. Cured promptly by one prescription.—W. Williamson.

Lycopodium. Dyspepsia of long standing in females with sallow countenance, accompanied with constipation, D. *Bloated feeling in the abdomen, with actual distension in the epigastrium after a meal,* V. Lycopodium 3d cent., ten powders, one night and morning. Cured. Several cases. W. Williamson.

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ON LANCING THE GUMS IN FIRST DENTITION.

BY W. WILLIAMSON, M. D.

(Read before the Philadelphia Medical Society.)

THE process of healthy dentition is a very interesting subject of study to the anatomist and physiologist, and the pathological phenomena which occasionally attend the cutting of the teeth in childhood, deserve the serious consideration of the practitioner of medicine.

The structure of the teeth would naturally incline the anatomist to assign them to the osseous system, and the fact of their being developed from the mucous membrane, like hair, nails, feathers, &c., would induce the physiologist to consider them as belonging to the dermoid tissue; while the office which they perform in the economy, and the play of sympathy which the diseases of dentition unfold, clearly point to their intimate relationship with the organs of digestion.

The formative process of the teeth, in the human subject, begins at an early period of foetal life; but the visible process of first dentition is deferred, in a majority of instances, to the sixth or seventh month of infancy. There are, however, irregularities as to time and order in which different teeth make their appearance, and the possibility of these irregularities occurring should always be considered by the practitioner, when prescribing for cases of supposed disordered dentition.

I have seen two children who were born with teeth in their mouths; one of the teeth I have in my possession. In both cases the teeth were imbedded in the gum only and not attached to the jaw. They were loose and came out in a few weeks. The children of some families begin to cut teeth at the age of two, three, or four months, and in the case of other families the commencement of first dentition is delayed until the twelfth or fourteenth month. I boarded in the house with a young lady of about twenty-five years

of age, when I was a student, who had no teeth, and never had had any. I have heard of a case in which the person never shed his first teeth; but such reports are not always to be relied on.

As it is important for the physician to be familiar with the order and age of the child in which the different kinds of teeth are cut in first dentition, I will briefly state them: the two central incisors of the lower jaw make their appearance between the sixth and eighth month of the child's age, and the two central incisors of the upper jaw two or three weeks later; then, at the ninth or tenth month, follow the two lateral incisors of the lower jaw, and in a few weeks the two lateral incisors of the upper jaw; about the twelfth month two lower molars come through, and simultaneously, or very soon after, two upper molars follow; next come the two cuspids (stomach teeth) of the lower jaw, which are soon followed by the two cuspids (eye teeth) of the upper jaw, from the sixteenth to the eighteenth month; and finally the last four molars, two below and two above, are cut, from the twenty-second to the twenty-sixth month; thus making in all, twenty teeth for the first dentition. In most instances, a child twelve months old will have eight teeth.

When a tooth is about to make its appearance, an enlargement is generally visible on the outer surface of the jaw, having something of the shape and size of the coming tooth. The blood vessels running up and down the gum are distended, and a prominence on the contact surface of the gum can be perceived; the child bites on its gums, thrusts its fingers into its mouth, and has an increased flow of saliva. When these local conditions are present at a time when, according to the age of a child, certain teeth are due, and if other symptoms of disorder arise, such as preternatural heat of the head, unnatural coldness of the extremities, sudden starts in sleep, jerking of the limbs, and other evidences of excitement of the brain and nervous system—even convulsions,—with vomiting and diarrhoea, or constipation, general fever, &c., it is presumable that dentition may have

something to do with causing the disturbance. Such a case calls for medicinal treatment, and may not require lancing of the gums for its relief. But if the gums over the coming teeth are quite red, painful, and swollen, and especially if the tooth capsule contains a fluid which presses out the gum, it should be lanced. I have often seen instantaneous relief from the lancing, in such cases, and never saw any bad consequences follow.

Mothers and nurses are so apt to attribute every disorder of infancy to the influence of teething, that it is sometimes difficult to convince them of the true cause of the frequent incidental disorders of children. These causes are often over feeding, the use of improper food, unsuitable clothing, neglect of cleanliness, over much washing, &c. A few years later, a multitude of disorders arising from the causes just named, are attributed to *worms*, and the physician is pressed to prescribe for the *opinions* of the old ladies, instead of the symptoms presented by the patient.

Before giving a description of the operation called lancing of the gums, I would direct the attention of the members present to what may be termed the surgical anatomy of the parts concerned in teething. First, we meet with the contact surface of the gum, which is neither very vascular nor abundantly supplied with sentient nerves, and consequently is not very sensitive or liable to inflammation. By anatomists it is frequently called *dental cartilage*. Beneath the dental cartilage and between it and the capsule of a tooth, we find cellular tissue, and beneath this tissue we meet with the capsule or dental sac, which is composed of two layers; the internal one is vascular and invests the pulp, and the other is of a cellulo-fibrous character, and is adherent on its outer surface with the structures of the jaw. Now, in a large majority of cases, the difficulties of first dentition are connected with disorders of the *dental sac*, from pressure and distension caused by the growing tooth, one coat of the sac being composed of fibrous tissue which is comparatively inelastic; the gums not being in fault at all.

Hence the variance of the opinions of medical men about the usefulness of lancing the *gums* in first dentition.

Between the laminae of the tooth capsule or dental sac, a morbid secretion of a serous fluid, or degeneration of the gelatinous matter natural to the part, sometimes takes place, and forms a vesicle beneath the gum, which should always be opened.

If the *gum* over an approaching tooth is lanced without the dental sac being opened, no good will result from the operation; and if the gums not covering an approaching tooth be scored or scarified, as is sometimes done, under the impression that the difficulties are with the gums, injurious effects may arise. In no case should the gums be prematurely lanced. The application of the lancet should be confined to the teeth next due and approaching the surface of the gum; and not until most of the cellular tissue between the dental sac and the dental cartilage is absorbed, should it be used.

The proper method of performing the operation is to apply the blade of a gum lancet to the gum immediately over the edge, point, or crown, as the case may be, of the coming tooth, and cut by a sawing motion through the tissues (gum and dental sac), until the edge of the lancet comes in contact with the tooth.

The failure or bad consequences which may arise from the abuse, improper or untimely performances of an operation, does not make a valid objection to it when properly performed at the right time. It is not claimed that lancing of the gums or teeth is a sovereign remedy for all the symptoms which occasionally attend dentition, but it is claimed that it is an important adjuvant of the medical treatment necessary in some cases.

If time allowed, some of the objections brought against the operation of lancing of the gums might be answered; such as excessive loss of blood, the painfulness of the operation, the formation of a cicatrix harder to remove by absorption than the gum before the operation, the danger of

injuring the teeth of second dentition, &c. But a careful consideration of what has been said, and proper attention being paid to the manner of performing this trifling operation, renders the labor unnecessary. The objections are more imaginary than real.

KEY-NOTES; OR, CHARACTERISTICS.

BY HENRY N. GUERNSEY, M. D.

(Continued from page 58.)

Calcareæ Carbonica.—(Concluded.)

FREQUENT coughing at night, as well as during the day. Violent loose or dry cough, with or without hoarseness. The general condition of the patient will decide for or against calcarea in chest affections. Usually the cough is dry at night and loose during the day, similar to the nasal catarrh of calcarea. Abscesses forming in the lungs of young persons who are threatened with consumption, I have frequently seen get perfectly well after the exhibition of calc. carb. 1^m., after the pus had been discharged; in one case, the abscess discharged externally, between two ribs. The expectoration has often a putrid odor.

Dyspnœa, with sensation as if the lungs were filled full of something, so that air cannot enter; partial relief being obtained by even slight expectoration. Slight motion, even, aggravates this condition. The whole chest is painful to the touch, or during inspiration. Stitches and pains in the chest, extending from below upwards. Violent palpitation of the heart.

Pain in the back—lumbar region—making it difficult to rise from a sitting posture. Much pain about the lumbar region, extending downwards towards the rectum. Pain between or in the region of the scapulæ, particularly if aggravated by riding, sneezing, gaping, or coughing, or other jarring. *Stiff neck*, with pain extending down into the

shoulders on moving it. The back and other parts are readily strained or lamed by lifting. The uterus is easily displaced by over exertion. The *cervical glands* swell, sometimes becoming very large, but are painless, and do not become inflamed.

Right *wrist-joint* is painful, as if injured in some way. Dartings through the wrist-joints. Numbness of the hands. Deadness of the fingers. Felons, hangnails, etc.

Cramps in the calves of the *legs*, coming on about 3 o'clock, A. M. Sweaty feet, which feel cold and damp. Large, red, hard, and painful spots on the legs, like *erysipelas bullosum*. Callosities of the soles of the feet, which are very painful on walking.

Calc. carb. is without doubt the most frequently indicated and most valuable remedy for bunions. By the use of a high potency of it, I have cured ulcerated bunions, of years standing, where the boot could not be worn in cold weather.

Sleep comes late, or the patient awakes too early. Sleepless until 2 or 3 A. M., or cannot sleep after 3 A. M. I have cured grave maladies with calc. carb., being led to a discovery of its similitude by this condition of the sleep.

Children scream after midnight, and cannot be pacified, notwithstanding every effort made.

Frightful dreams, as if one were falling from a height.

Fever; easily chilled; the cold air seems to pass "through and through" the patient. *Intermittent fever, with spasms; the chill commencing in the pit of the stomach*, internally, with great distress.

Profuse sweats; more on the upper part of the body and head. Night sweats, after 3 A. M. Chills commencing at 2 P. M., usually beginning in the pit of the stomach.

White nettlerash of children, itching intolerably. Small wounds ulcerate, and heal with difficulty. Warts. Rhagades of the hands and fingers, of persons who work in lime or water. Great liability of parts to be strained or sprained. Parts on which pressure is made get numb quickly. Children who cannot walk; *they have no disposition to do so, and*

will not put their feet down. It is suited to leuco-phlegmatic children, with large abdomens, open fontanelles and sutures, and crooked legs. Excessive *obesity* of young people. Very great sensitiveness to the open air; takes cold easily. *Chorea*, from worms, or from fright. Talking produces a feeling of weakness, compelling the patient to desist. Muscular weakness; easily fatigued.

Calcarea phosphorica.

Rheumatisms which pertain to cold weather particularly; always getting well in the spring, and returning the next autumn.

The sufferings arising from the *stomach* are always aggravated by taking even the smallest quantity of food.

Diarrhœa, with a great deal of flatulence. Pus is discharged with the stools, which are extremely offensive.

The weakness and distress in the region of the *uterus*, and the uterine displacement, are aggravated by the passage of stool and urine.

Emission of large quantities of urine, with a sensation of weakness.

Large pedunculated *nasal polypi*.

(To be continued.)

ANTIDOTE TO POISONOUS DOSES OF CARBOLIC ACID.—As glycerine, olive, almond, and castor oils are solvents of this acid, it is well to mix them with the water in using the stomach pump, and subsequently, after the stomach is washed out, to give full doses of one of these agents, so as to largely dilute the acid, and thus arrest its further corrosive action.

FIVE CHILDREN AT ONE BIRTH.—A case is reported by M. Galopin, of Paris, of five living, well-formed children at one accouchement. They all died, however, in a short time.

BOTANICAL SOCIETY FORMING.—A few botanists recently assembled in Chicago, with a view of forming a local botanical society, designing ultimately to organize a State Society.

CLINICAL CASE.

BY WALLACE McGEORGE, M D.

Diseased Submaxillary Gland—Kali hydriodicum.

ON May 21, 1868, Miss J. æt 18, was brought to my office to have a bleeding cancer (?) extirpated. Upon examination, I obtained the following history of the case. In January, a decayed tooth (bicuspid) gave rise to severe pain in the right submaxillary bone, troubling her a great deal. A *homœopathic* physician was called in, who gave her medicine which salivated her, made her restless, sweat profusely, gave her a fetid breath, and closed up her jaws. At this juncture, an old school physician was sent for, and poultices applied to the jaw, her face being very much swollen at the time. His treatment was persisted in for six weeks, the prescription being six bread and milk poultices per day. At the end of this time the face was much disfigured, the chin being drawn half an inch from the mesial line towards the affected side. From this time on until she applied to me, he had steadily ordered poultices to be applied, and at last dismissed her, saying he could do no more for her. In February he extracted the decayed tooth, the original cause of the trouble. Her father is intemperate, and has been so for years; her mother is inclined to tuberculosis. The symptoms, objective and subjective, when I saw her were: chin drawn to right side considerably; a running sore under ramus of jaws, bleeding easily and profusely if the scab should be removed, the hemorrhage stopped by cold water; head is dizzy, and when it feels full, her nose would bleed two or three times a day, sometimes only that number of times in a week; coming on without any apparent cause at other times; eyes weak; stinging pain in right ear, also in right submaxillary gland; sharp pain sometimes in chest when moving about, relieved by sitting down; occasional cramp pains in stomach; drinks tea and coffee (forbidden); appetite good; bowels constipated, stool very hard; menses scanty and of pale

color since this trouble with face, but regular; breath fetid; sweats a great deal, which makes her feel very uncomfortable; restless at night; general health pretty good until this year.

Seeing that the bleeding, which so alarmed the parents of the young lady, resulted from a rupture of the coats of one of the branches of the facial artery, either the sub-mental or sub-maxillary, and could readily be checked, and that the swelling resembling a tumor resulted from a diseased condition of the submaxillary gland, I concluded not to operate. As she had evidently been mercurialized, and from a comparison of the symptoms, I gave her *Kali hydriodicum* 2^c, one dose, and *sac. lac.* powders morning and evening afterwards.

May 26.—Face has pained her since the 24th; stinging pains running up to eye; pain in right side, of a shooting nature, lasting some time; sore bled last night and this morning; nose bled three or four times last night, worse than ever, and bled again this morning; head not quite so dizzy; eyes stronger; no pain in ear; sharp pain in chest gone; cramp in stomach less severe; bowels about the same; less perspiration; not so restless at night; swelling looks a little better. *Sac. lac.* morning and evening.

May 29.—Face has pained her more than before, but all her other symptoms are better; nose runs some, but has not bled since the 26th; looks better. *Sac. lac.* same as before.

June 2.—Sleeps better, not so restless; appetite is very good; face pains her as badly as before; bled again to-night; free discharge of pus daily from the opening; head feels dizzy sometimes; notices improvement from day to day. *Sac. lac.*

June 6.—Severe stinging pain in jaw last night, worse than she has had at all; swelling is decreasing, and she looks better; pain in left side; breath bad only in the morning; nose keeps running all the time. *Kali hyp.* 1^m, one dose; afterwards *Sac. lac.*

June 9.—No pain in jaw since the 7th; pain was worse

June 6, after taking the medicine; swelling gone down a great deal; no pain in left side; breath better; bowels moved every three or four days. *Sac. lac.*

June 13.—No pain; swelling rather less; running from nose still kept up. *Sac. lac.*

June 17.—Sharp stinging pain commenced in jaw on the 15th, not so bad yesterday, scarcely any to-day; general improvement; small boils appear on head, face, neck, shoulders (proving of remedy, see Symp. 101, in Lippe). *Sac. lac.*

June 19.—Swelling is very painful and sensitive to pressure; probing indicated spiculæ of bone; introduced a small piece of sponge to act as a tent to keep the wound open. *Sac. lac.*

June 22.—Palpation revealed the presence of spiculæ near the surface; after slightly lancing at this point, removed with the forceps a spicula over three-quarters of an inch long, part of the alveolar process of inferior maxillary. Continued the *sac. lac.* powders.

June 25.—Feels pretty well; her head has been dizzy for two or three days; no pain in jaw; on probing, no more spiculæ detected. *Sac. lac.*

July 2.—Not so well this week; menstruating too profusely; epistaxis yesterday and to-day; dizzy feeling in head; slight headache; appetite good; breath smells badly again; no discharge from nose. *Sac. lac.*

July 10.—Better in most all respects; is restless some nights; bad breath at times; very sensitive to external impressions; feels as if she would easily faint. *Hepar, 2^c.*

July 20.—Feels all right; the sore has healed up; the swelling has entirely disappeared; the jaw is not drawn so much to one side; general good health is established again. Dismissed.

March, 1869.—No new troubles have appeared, nor any trouble from the old disease. Her face is almost straight, the chin being only slightly deviated from the mesial line.

CLINICAL CASE.

BY H. REYNOLDS, M. D.

"Pain in the Side."—*Nat. mur.*

June 1st, 1869.—I was called to see Mrs. S., suffering severely from a pain in her right side, which had troubled her at different times for several years. She said "I must have relief before long, or I will not be able to bear it." She could give no idea of the nature of the pain, and to my inquiries whether it was cutting, burning, sore, etc., she gave a negative reply. She told me, finally, that she had a great aversion to bread. Upon this symptom alone I selected *Natrum mur.*, and gave a single dose.

June 2d.—Much better. Gave another dose.

June 3d.—Well.

July 1st.—Saw the patient this day, while attending another in the same house, and she told me there had been no recurrence of the pain.

NOTE BY THE EDITOR.—"Pain in the side" is a complaint of such frequent occurrence, is so often untraceable to its cause and so unyielding to treatment, as almost to entitle it to consideration as an "*entité morbide*." The following case is interesting, and may prove useful.

A portly merchant, aged fifty, called on me in the early spring, complaining greatly of a pain in the side immediately over the situation of the *caput coli*, and of constipation. I noticed that the region of pain was covered by something which distended the watch-pocket of his pantaloons. This proved to be a large, old-fashioned gold time-piece, which resembled that of Mr. Tony Weller in being "as stout for a watch as he was for a gentleman." I directed him to carry his watch hereafter in his vest pocket, and gave a few powders of *Arnica*. At the end of two months he returned, and told me that the pain had left him in a short time, and that his bowels had become regular, but that now, within a week, the old trouble had come back, together with constipation. He was again carrying his watch in his pantaloons fob. I told him this caused his suffering—which he had not believed before,—gave a few doses of *Arnica*, and advised him to keep his watch out of his waistband. He soon recovered, and a few days ago told me he had had no trouble of the same kind since.

CLINICAL EXPERIENCE.

BY HENRY N. GUERNSEY, M. D.

Hydrocele—Silicea.

Case 6. July 10th, 1869.—Waited upon Mrs. W., who gave birth to a fine son. Four days afterwards my attention was directed to an enlargement of the left side of the scrotum. Upon careful examination I pronounced the swelling to be hydrocele. Of course there was no marked symptoms to be observed, but the child presented the appearance of one to whom silicea would be very applicable; more so than any other remedy. I gave a single dose of Silicea 6^m. After three days a slight improvement was perceptible, and to-day (August 18th) the child is perfectly well.

Case 7. July 30th, 1869.—Prescribed for a little boy, four years old, for enlargement of the right side of the scrotum, which I found to be a case of true hydrocele. An old-school physician had advised the use (abuse) of the trocar. The general appearance of the child unmistakably indicated Silicea. I gave a single dose of Silicea 6^m, dry on the tongue.

August 14th.—The child is almost well; its general appearance being greatly improved. No medicine.

August 20th.—The child is entirely well, the allopathic brother is greatly astonished, but says, "mark my words, it will return;" the homœopathic brother says, *never*.

September 8th.—The father of the child writes "the child seems *perfectly well in all respects*. Another brilliant example of the efficiency of highly potentized remedies and *the single dose*."

Up to this day (September 20th) the case of hernia cured by stannum, reported in the September number of the *Hahnemannian Monthly*, remains perfectly well.

CASES IN OPHTHALMIC SURGERY.

BY MALCOLM MACFARLAN, M. D.

ON June 22d, 1869, at the summer clinic of the college, I operated for hard cataract on Mrs. M. A., a negro wash-woman, aged 64. She was very much broken down in health, and had been confined to a small room for some months. She was very tremulous and her flesh shrivelled and soft. She had been unable to count her fingers with either eye for nearly a year, but could distinguish the light of a candle. It was considered best to operate first on the left eye, as in it the disease had commenced, and to reserve the right for the future. The patient was thoroughly etherized, and the spring speculum of Lawrence applied to the lids. A fine rat-toothed lock forceps was made to seize a fold of the ocular conjunctiva just beneath the cornea, and held in the left hand of the operator to steady and control the movements of the globe. Gräfe's knife was made to pierce the eye-ball just behind the cornea-sclerotic margin, and to immediately enter the anterior chamber, passed in front of the iris and emerging from the sclerotica, so that an upward flap of about five lines in length was made. Iridectomy was then performed in the usual manner of this operation of Gräfe.

To avoid the disagreeable necessity of performing a secondary needle operation, for capsular cataract after Gräfe's operation,—which occurred during the summer after an operation in another case of senile cataract,—an attempt was made to withdraw the lens in its capsule by McClure's scoop, which succeeded without the loss of any vitreous. The flap was adjusted by a curette and the eye neatly secured by Leibrich's bandage. The woman received Zinc 2^c, in water, once a day for a week. In a month she presented herself at the clinic, feeling much better in general health and spirits. There were but few traces of inflammation remaining in the eye, and the sclerotic cicatrix scarcely noticeable; the cornea was clear throughout and

nicely rounded. Without glasses she could distinguish faces and count fingers a few feet distant. With a four inch convex glass she was enabled to read distinctly, Snellen No. 7, at four feet. Before the 1st of October I intend operating on the other eye. Gräfe's operation (allowing the lenticular capsule to remain) was performed at the summer clinic in all four times, twice with perfect success in restoration of sight; one case a very little improved; one not successful from panophthalmitis, the woman being naturally of a diseased habit, having lost the sight of the other eye from scrofulous ophthalmia.

William G., *æt.* 26, presented himself about July 7, 1869, with confused vision. Nothing abnormal was discovered on ophthalmoscopic examination. When used separately, the sight of each eye appeared good and clear, and at a proper distance for each eye there were no deviations as to clearness or position in vertical or parallel lines on the same card, proving the absence of astigmatism, and indicating a probable difference of refractive power between the eyes. On directing him to look at different numbers of Jägers type, with each eye, it was found that the left was normal and by glasses that the right was not, being hypermetropic to one-fourteenth. It was difficult to determine the exact amount of inversion, as at times it would vary very much. When there was no effort at sharpness of vision, squint was not apparent. Otherwise, measurement indicated an inversion of one line or more. As it was not deemed a suitable case for an operation, he was directed to wear, for a short time, a glass combining a prism of 2° , base directly outward, and a one-fourteenth convex lens, which corrected his hypermetropia, and at the same time favored the normal action of the paralyzed external rectus. After remedying his defective vision he was given *calc. carb.* 2° for his general condition. He now states, Sept. 10th, that he is wonderfully improved.

J. S., an orphan boy, 8 years of age, was brought to the clinic, for dimness of sight, with the following history.

Fifteen months ago he, in common with several boys in the same ward of an orphan asylum, was attacked with a scabby eruption on back of the head (*crusta lactea*), for which he received medicine and local applications. On the disappearance of the eruption, violent inflammation of the eyes supervened. He was then placed in a darkened room, his eyes were bandaged and received special treatment, mostly consisting of caustic collyria. On waiting some weeks and finding him no better, his friends had him removed for homœopathic treatment. On examining his eyes they were found in a perfectly dry condition, no moisture being perceptible anywhere about them; there was, however, a low grade of inflammation in the palpebral conjunctiva. Both cornea were nebulous throughout, and appeared covered with dry epithelial scales, as in xerosis. The pupils were dilated and conjunctiva considerably shortened. The cilia, meibomian follicles, and lacrymal ducts were evidently very much impaired. The child was given Sulph 2^c, to be taken in water twice a day, and directed to be kept quiet in a darkened room, and the eyes moistened frequently. At the end of two weeks he was brought before the class very much improved as to the feeling of dryness in his eyes, but suffered aggravation from the medicine. He was given a placebo and on returning at the next clinic there was a marked change for the better in all of his symptoms. At the end of a month the lacrymal secretion was restored sufficiently to enable him to use his eye-balls readily, and his corneæ had become considerably clearer. The remedy in this case had done more than could be possibly hoped for under the circumstances, in a disease which is generally considered incurable.

WE have received a translation of the provings of *Curare*, by Dr. S. Lilienthal, and an extended and careful proving of *Carbolic acid*, by Dr. Haeseler, of Pottsville, Pa., both of which will shortly appear.

PUBLICATIONS RECEIVED.

THE DRIFT OF MODERN MEDICINE. An address delivered at the Annual Assembly of the British Homœopathic Medical Society, June 30th, 1869. By Alfred C. Pope, M. R. C. S. E., &c., &c. Published by request. London; H. Turner & Co.

An able, earnest, and, we doubt not, an eloquent exposition of the tendencies of modern allopathic practice. The following tribute to *Hahnemann*, coming from England where it has been boldly proposed to ignore the founder of Homœopathy for the sake of securing the attention and adherence of allopathists, is particularly refreshing.

"No, sir; I turn from the revolting suggestion, and claim for *Hahnemann* the highest honor, the most profound veneration from all who profit, as we do, from his life of labor, of suffering, and of persecution. No one man ever lived whose influence upon the practice of medicine has been so great as his. No man ever lived, the influence of whose work and teaching will so deeply tincture the medicine of the future."

JOURNAL OF THE GYNÆCOLOGICAL SOCIETY OF BOSTON. Edited by Winslow Lewis, M. D., Horatio R. Storer, M. D., and Geo. H. Bixby, M. D. Published by James Campbell, 18 Tremont Street, Boston. Three dollars per annum.

Nos. 1 and 2 (July and August) of this new monthly have been received. Like the society of which it is the exponent and representative, it covers a field in medicine that has not heretofore, in this country, been regularly occupied. It contains much valuable matter so far, and we can conceive of its proving of great value to practitioners who desire to keep up with the march of progress; which, however, is not always a march of improvement. Each monthly part contains sixty-four octavo pages, printed in excellent style, on good paper.

FIFTY-SECOND ANNUAL REPORT on the State of the Asylum for the Relief of Persons deprived of the use of their Reason. (Friends Asylum.) Philadelphia, 1869.

THE DREDGING MACHINE. By D. S. Howard, C. E. From the Journal of the Franklin Institute.

ANNUAL ANNOUNCEMENT OF THE HAHNEMANN MEDICAL COLLEGE. Philadelphia; No. 1105 Filbert Street. Session of 1869-70.

TWENTIETH ANNUAL ANNOUNCEMENT AND CATALOGUE OF THE CLEVELAND HOMŒOPATHIC COLLEGE. Session of 1869-70.

TENTH ANNUAL ANNOUNCEMENT OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE. 151 E. Twentieth Street, New York. Session of 1869-70.

EXCHANGES.

North American Journal of Homœopathy, New York, August.
 U. S. Medical and Surgical Journal, Chicago, July.
 New York Medical Journal, July.
 The New England Medical Gazette, Boston, September.
 Journal of Speculative Philosophy, St. Louis, July.
 British Journal of Homœopathy, London, July.
 Monthly Homœopathic Review, London, September.
 American Journal of Hom. Mat. Med. Phila. Sept. Vol. III., No 1.
 Medical Investigator, Chicago, September.
 El Criterio Medico, Madrid, August 10th.
 Bibliotheque Homœopathique, Paris, August 1st.
 Ohio Medical and Surgical Reporter, Cleveland, July.
 Western Homœopathic Observer, St. Louis, September.
 American Observer, Detroit, September.
 Homœopathic Sun, New York, September.
 Canada Journal of Dental Science, Hamilton, August.
 The Homœopathic Quarterly, Buffalo, July.
 The Occidental, St. Louis, September.
 Journal of the Gynæcological Society, Boston, September.

EDITORIAL NOTES.

MEDICAL COLLEGES FOR WOMEN.—While the question of woman-suffrage is agitating the community, and bids fair to become the next great political issue of the nation; the question of the education of women for the medical profession has been quietly making its way, and is now regarded as an accomplished fact, not to be gainsayed. To the credit of homœopaths, be it spoken, none are more willing to concede to women a fitness for the practice of medicine, and none are more desirous of having those who wish to enter that profession, properly prepared for its arduous and multifarious duties.

We have, within a short time, received the Announcements of the "*Cleveland Homœopathic College and Hospital for Women*," and the "*New York Medical College for Women*." In both of these institutions students will receive, from competent teachers, a thorough knowledge of the true principles and practice of medicine, and of its accessories. The first named is avowedly a homœopathic school, while the second guarantees the purity and excellence of its teachings by such names as Miner, Bradford, Allen, Lilienthal, Burdick, and Kellogg being enrolled amongst its corps of professors. They are not rival colleges, excepting in the best sense of that term, and are both worthy of the encouragement and support of the entire profession.

MARGARETTSVILLE ASYLUM FOR THE INSANE, and Retreat for Intemperate.—This institution, situated in Delaware County, New York, is

now regularly incorporated, and under the control of a Board of Trustees. The Trustees are firm adherents of the homœopathic system, and it is their wish and determination that the medical treatment pursued within its walls shall be and remain that of the followers of Hahnemann; and to secure this ample measures have been taken. A considerable sum of money—several thousand dollars—is required for alterations and improvements in order to render the buildings suitable for the reception and proper care of patients. It is proposed to raise the required amount by issuing stock, which, it is expected, will be taken by the professional and lay friends of homœopathy. The Board of Trustees are of the opinion that shareholders may reasonably expect that the stock will pay an annual interest of at least seven per cent. Blanks, to be filled by those who wish to subscribe, may be obtained from Dr. Horace M. Paine, 104 State Street, Albany, New York, or from the Editor of this Journal.

CASES treated from March 1st till August 16th, 1869, by Malcolm Macfarlan, M. D., at the Surgical Clinics at the Hahnemann Medical College of Philadelphia:—

Entropion, 1; Ectropion, 2; Trichiasis, distichiasis, etc., 4; Hordeolum, chalazion, milium, 3; Blepharitis, cil. ac. et chr., 10; Herpes, crusta-lact, 1; Conjunct. simplex, ac. et chron., 25; Conjunct. purulenta (blenn.), 2; Conjunct. granulosa (trachoma), 17; Conjunct. pustulosa et exanth., 8; Ecchymoses, 1; Keratitis superficialis, 5; Keratitis pustulosa, 2; Keratitis parenchymatosa, 1; Keratitis ulcerosa (ulcus simplex et perforans), 4; Pannus, 7; Macula, nebula, leucoma, 5; Staphyloma, 1; Iritis idiopathica (rheum.), 3; Iritis syphilitica, 2; Choroiditis (irido-chor.), ac. et chron., 2; Glaucoma, 1; Retinitis, 2; Anæsthesia ret. et atrophica N. Opt., 1; Amblyopia (A potatorum) et amaurosis, 3; Cataracta incipiens, 4; Cataracta dura, 3; Cataracta traumatica et secund, 2; Opacitates, 1; Refractio et accommodatio, 7; Musculi et Nervi, 5; Affections of Organa Lacrymalia, 3.—Total, 138.

Table of operations performed during the same period.—For Staphyloma, partialis (removed it, removed lens, united wound with sutures,) 1; Cataracta dura (also iridectomy), 3; Phimosis palp., and epicanthus, 1; Cataracta mollis, discisio, 2; Strabismus conv., 2; Iridectomy (leucoma), 1; Strictura Duc. Lacrymal, 2; Removal of foreign bodies, 1; Cancer of breast, excision of, 1; Cancer of rectum, 1; Amputation of forearm for cancer of hand, 1; Amputation of superior extremity, 1; Amputation of inferior extremities, 2; Dislocations of superior extremities, 2; Dislocation of femur, 1; Fractures of extremities, 5; Plastic operations, 3; Excision of loose spiculæ of bone, 2.—Total, 35.

There is reason to believe that, under the able direction of Professor Macfarlan, the surgical clinic of the Hahnemann Medical College, during the coming winter session, will not be surpassed by that of any other college in Philadelphia.

THE "TUTU" PLANT OF NEW ZEALAND.—An account is given, in

the *Monthly Homœopathic Review* for August, of a case of poisoning by the "tutu" plant, which may be of interest and value to homœopathic physicians and provers. The article is taken from the *Colonist* newspaper of February 11th, 1869, published at Nelson, New Zealand, a part of which we extract, as follows:—

"He remembered walking some miles, when they sat down to rest in a place where there was an abundance of Tutu, the berries of which they ate freely, as 'Tommy' said they were good for food. After eating these berries, the poor fellow could remember nothing beyond walking on for some miles. Both of them falling very sick, they put up their tent, when 'Tommy' was seized with violent fits. He was lying on his back, and frothing at the mouth. The other became alarmed, and, in his delirium, rushed off for assistance, and for three days and nights was rushing through the bush perfectly mad, until Saturday morning, when he arrived at the ferry. On Monday the sick man was better, and started off for his companion in company with others, when they came up with 'Tommy,' who was dead."

THE AMERICAN INSTITUTE OF HOMŒOPATHIC PHARMACY.—This Society held its Second Annual Meeting at Cincinnati, June 30th, 1869. The Society is determined that no persons shall become members except such as are properly qualified, and in view of this, the following amendment was made to the by-laws:—

"The President, Secretary, and Treasurer shall constitute an Executive Board, which shall also be an Examining Board, to receive the applications and examine the qualifications of candidates for membership, and to report to the Institute for election, at any meeting, such as may be found properly qualified."

The following are the officers for the ensuing year:—J. T. S. Smith, New York, *President*; H. M. Smith, M. D., New York, *Secretary*; F. E. Boericke, M. D., Philadelphia, *Treasurer*.

The Institute adjourned to meet in Chicago, Monday, June 6th, 1870, the day previous to the meeting of the American Institute of Homœopathy.

CIRCULAR FROM THE BUREAU OF MATERIA MEDICA.—We give prominent place, in this month's issue, to a circular emanating from the Bureau of Materia Medica of the American Institute, which we regard as of great importance, containing, as it does, the work the Bureau proposes to the profession for the coming year, the manner in which it is to be done, and examples by such careful and accurate observers as Drs. C. Wesselheft, W. Williamson, W. E. Payne, and H. L. Chase.

REMOVALS.—*Dr. Henry Noah Martin* has removed his residence and office to No. 635 Spruce Street, Philadelphia, nearly opposite his former residence. *Dr. Richard Koch* has also removed to No. 85 North Twelfth Street, next door above his former office. *Dr. D. A. Gorton*, formerly of Newburgh, N. Y., has removed to 95 Clark St., Brooklyn, N. Y.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. McCLATCHEY, M. D., Secretary.

The Society met, September 9th, after the usual summer vacation; a large number of members being present. Dr. Gardiner occupied the chair.

The minutes of the June meeting were read and approved.

Dr. DUDLEY, on behalf of the Committee appointed to consider the subject of the collection of physicians fees, made an able and elaborate report, which was, on motion, accepted.

B. FRANK BETTS, M. D., was proposed for membership by Dr. Jeanes, and C. HORACE EVANS, M. D., by Dr. Richard Gardiner. Under a suspension of the rules, the above gentlemen were elected members.

The following resolution was presented by the Secretary:—

“Resolved, That reports of current items of medical news, of interest, be made by the scribe, at the monthly meetings of the Society.” It was unanimously adopted.

On motion the order of business was suspended to permit Dr. Guernsey to make some remarks.

Dr. GUERNSEY then alluded to the method of dressing the navel of a new-born infant, as recommended by Prof. J. C. Sanders, of Cleveland, by placing a layer of raw cotton against the abdomen, turning the remains of the umbilical cord up against it, then covering in with another layer of raw cotton, and securing the whole by the belly-band. Dr. G. had tried the plan fully, and believed it to be far superior to any other method. He also referred to the case of a young and beautiful married lady, the symmetry of whose proportions had been marred by the use of of the bandage after her first confinement, and which he had been able partially to remedy by having her discard the bandage, and giving *Bel-ladonna*, that remedy having been prescribed in consequence of a great tenderness of the abdomen to pressure.

Dr. B. W. JAMES called the attention of members to the meetings of of the N. Y. State Society and the Western District Society of New Jersey.

Dr. WILLIAMSON then read a paper on lancing the gums in first dentition (see p. 98), which was, on motion, accepted, and the thanks of the Society tendered for the same.

The discussion was then proceeded with.

Dr. H. N. GUERNSEY said that he was sorry that a paper advocating the lancing of an infant's gums had been read before the Society, and would regret to see it published. He regarded that procedure as a clinging to the barbarous relics of Allopathy. Teething is a physiological process, and if it is carried on in a normal manner no interference is necessary; while if signs of disorder or suffering arise, we will find in the

Materia Medica, by carefully selecting and individualizing, the medicine that will do much more than the barbarous lancet can. For all the disorders incident to abnormal dentition, he adheres closely to the doctrines of Hahnemann, and never lances the gums. He formerly did it, and was often mortified to find no relief following. If the child is suffering, no matter how acutely, the medicine will relieve, and the natural process will go on in a healthful and painless manner.

Dr. JEANES remarked that he had not expected to say a word on the subject of the paper. He admired the courage of Dr. Williamson, in thus boldly advocating his views. Of late he had not had much practice among children. He approved of lancing the gums under certain circumstances. There are conditions of danger occurring during dentition, which require immediate relief, and we must then use the lancet if we cannot find the remedy; and even Dr. Guernsey admits that with all his attentive study, he cannot always get the right medicine at once. If we do not lance the gums in such cases, though the child may not die in our hands we stand a good chance to lose the family to Allopathy; a loss not so great to the individual himself as to Homœopathy. We have say eight hundred remedies; nay we have a million, for everything in nature has its influence on the animal economy. If we fail then in selecting a medicine, why not resort to means that will afford immediate relief to a suffering infant. If we had infinite capacity we might adhere to one system, but as that is very limited we had better have some degree of humility.

Dr. WILLIAMSON said he hoped to have a paper from Dr. Guernsey, on the diseases of infancy pertaining to the process of dentition. He thought his paper had been misunderstood. He had not proposed to remedy the diseases of dentition by the lancet, but the point of his argument was to explode the old idea of *scarifying* the gums, in favor of *lancing*. It is true that dentition is a physiological process; but so is labor, and yet we have to turn children and to use instruments. Nature, if left to herself, will do much towards restoring disorder. She may work, however, in the wrong direction, and destroy while repairing; or again, she may restore completely and yet take more time than when remedies are resorted to. We do and should give Aconite in simple fevers, and cut them off suddenly and relieve the patient, which if nothing were given would end of themselves in twelve to eighteen hours.

Dr. J. C. MORGAN was disposed to take ground against lancing the gums. He did not know of any case in which the teeth had come through any sooner on account of it, or in which the symptoms which had led him to use the lance had disappeared. If, however, he could produce a lacerated wound, which would not readily heal, he effected some good. This he often did with his nail, and had found that by allowing the child to bite on the angular edges of a tooth-brush handle, the same thing was effected. Dr. Morgan then described the growth process of deciduous teeth. During pregnancy and lactation the diet of the woman

should be phosphatic. His attention had been called to *Calcareo phos.* in this connection, and he believed that it would prove as useful in delayed or deranged dentition, as in the case of delayed union of fractures, and for the same reason. He had used in the latter cases, from the sixth upwards.

Dr. S. S. BROOKS expressed himself as much pleased with the paper. He believed that there are times when mechanical means must be resorted to, to produce immediate effects. While he regarded Homœopathy as essential to the removal of pathological processes, he thought it would be foolish to ignore means that would produce immediate relief, simply because they are not homœopathic. He agreed with Dr. Guernsey in the belief that as we progress in Homœopathy, we will be more and more able to do without mechanical means in cases in which we are now obliged to resort to them. We must not forget that there are other laws beside Homœopathy. He always felt sorry to hear of any homœopathic physician who would not resort to mechanical measures for the relief of his patient. His plan in difficult dentition, where he thought it required, is to thoroughly scarify the gum tissue, so as to set the tooth free. He does this in urgent cases, and generally with instantaneous relief, which he considered could not be produced by any other means. It is not substituting mechanical means for Homœopathy, but it is simply doing the right thing.

Dr. RICHARD KOCH. The discussion thus far has not gone to the point of Dr. Williamson's paper. The pressure exerted by the growing tooth upon the sac which envelopes it, produces a disordered condition within the sac, just as a splint improperly applied, pressing inwardly, will produce trouble. This degree of trouble will be governed, too, by the condition of the person. Some persons cannot lie in bed for any great length of time without getting bed-sores, owing to a constitutional taint or dyscrasia. There are some infants with constitutional taint, in whom this pressure, which might in other children do no harm, results in the formation of abscess within the sac, which, however small, will cause great suffering. It is for the relief of such cases that Dr. Williamson proposes the lancet.

Dr. H. N. MARTIN. This seems, like many other questions in practice, to be a matter of experience. Dr. A. lances gums and gets along very well, and Dr. B. does not lance and yet gets along just as well. It is because we have not a sufficient knowledge of Homœopathy, that we are sometimes obliged to resort to other measures. He believes that it is the duty of the physician to do all that he can, and the best that he can, for his patient; and if he does not know enough in Homœopathy it is pardonable to go outside of it. Dr. Brooks mentioned incidentally that if a child had swallowed a nickel he would give it castor oil. He (Dr. M.) would not. He would give the child as much as it could and would eat, and so fill the stomach and bowels that the penny would be carried off, enveloped by the excrement. He related a case to which he had been

called where the symptoms all pointed to Ipecac. The mother declared positively that the child had eaten nothing that could disagree with it. He gave a dose of Ipecac. 2c., and while preparing some of the medicine in water, the child vomited a quantity of cherry stones. In another case, in which a woman had overeaten herself, he gave a lower potency and vomiting followed almost immediately.

Dr. GEO. R. STARKEY thought the paper of Dr. Williamson incomplete, inasmuch as it did not point out exactly when the lancet should be used. He had almost abandoned the use of it, and perhaps it was because he did not know exactly in what cases it would be useful.

Dr. GUERNSEY stated that he meant to express, by his remarks, his disapproval of halting at the old-fashioned resources of Allopathy, when, in his knowledge, Homœopathy fully met the same conditions better and without causing any suffering, and that we should not teach these old methods to our students, but tell them and show them that Homœopathy is better, and that the best practice is to find the remedy in every case. Dr. G. then related the history of a case of hydrocele, occurring in his practice, and which was cured by *Silicea* 6m; for which see p. 109, *H. M.*

Dr. WILLIAMSON stated that if he had expressed himself in his paper as he had intended, his views would be found to differ very slightly from those of Dr. Guernsey. He did not lance the gums unless he considered it absolutely necessary for the comfort and safety of the little patient. When called to children in convulsions from dentition, he did not lance once in ten times, but gave the appropriate remedy. It is in cases in which, in consequence of strumous or other constitutional taint, there is evidence of disease of the sac—say abscess,—that he lanced. The little patient might be relieved in the process of nature, or by the action of medicines, but it took time to do it, and he lanced the gums rather than have the child suffer, or bear the consequences of prolonged suffering. If we have a patient who is suffering the consequences of an overloaded stomach, and we do nothing, relief will come in time; but why not administer an emetic and give immediate ease and comfort. It is not good practice to lance the gums simply because the teeth do not come through, when, perhaps, they might be two or three months in appearing.

The Society adjourned at 10 o'clock.

Dr. GUERNSEY has signified his *willingness* to prepare a paper on the abnormal dentition of infants, its consequences, and the curative means to be resorted to; in accordance with the request of Dr. Williamson.

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THE HOMŒOPATHIC TREATMENT OF DISORDERED DENTITION.*

BY HENRY N. GUERNSEY, M.D.

(Read before the Philadelphia County Medical Society, October 15, 1869.)

GENTLEMEN: In preparing this paper for your consideration this evening, I have thought it more in accordance

* I am much indebted to *Professors Hering and Williamson* for valuable assistance in preparing the indications for the use of several remedies mentioned in this paper. Dr. Williamson writes me as follows:—

. "In compliance with your request, I very cheerfully send you a few thoughts on the subject.

"The remedies which I have most frequently found indicated are, Acon., Bell., Calc. carb., Cham., Cic. v., Cina, Coffea, Cupr. ac, Hyos., Ign., Ipec., Merc., Podoph pelt., Stann, Stram., and Sulphur. In your excellent work on Obstetrics, article 'Dentition,' the indications for most of these remedies are given so clearly as to render their application in practice almost unmistakable. To them I have nothing to offer in addition to what you have said.

. "It frequently happens, as you very well know, that the symptoms of difficult dentition call for remedies not thought of in connection with such cases; but when the homœopathicity is discoverable, the indicated remedy should be given, no matter what its name may be. In this way any article of the *Materia Medica* may become an important remedy in the diseases of dentition."

Due credit has been given Professors Hering and Williamson in the body of the paper, for the indications they have respectively furnished.

with the object of our meetings to say but little about the *doctrine* of dentition, as *its* true rendition is recorded in my work on Obstetrics, pp. 634 to 637, inclusive; and whatever is recorded in a book open to the use of all, need not be repeated here. It would be better, however, to read those pages in connection with this article, that its full force may be more fully comprehended.

Before proceeding to give the indications for the use of remedies in difficult dentition, I wish to remark that the exhibition of any remedy homœopathically indicated in any child before it has cut its teeth, not only aids in its dentition, but also aids in establishing a more perfect state of health in that child, than could be obtained by any other means during the child's whole life; and this opportunity once lost, can never again become, in the same degree, available.

Again, in regard to the difficulty pertaining to dentition, it is too often imagined that it is all because the teeth do not pierce the gum; that the bare pressure of the teeth upon the gum covering their crown causes all the trouble. This is a decided mistake. The trouble is more general; more constitutional. It is a *failure* on the part of the *whole organism* of the child to act in an orderly, harmonious manner to evolve the teeth. The condition of the *gums*, and of the dental *sac*, and of all *suffering*, in relation to this function, is due to this *failure*.

The same principle is exemplified in difficult menstruation, simple tedious labors, difficult digestion, or in the difficult performance of any other function. Lancing the gums does not cure the difficulty. If we lance for the first group of teeth, the second will be more likely to require lancing, and so for all the others. On the other hand, if we find the truly homœopathic remedy to assist in the evolution of the first group of teeth, the second will be less likely to need help, and so of all the rest. Immediately after the exhibition of the proper remedy, the work of restoration commences, and, of course, relief grad-

usually follows, although it may be days, and even weeks, before the teeth come through; still, the relief is satisfactory, and health is restored.

It may now be asked, why is it that lancing the gums so often gives such great relief? Allow me to answer, rather evasively, by asking other questions. Why is it that an emmenagogue so often gives relief in menstrual difficulties? Why is it that an emetic or a cathartic so often answer the purpose for which they are given,—relief? Why is it that the lancing of a felon, or the removal of a cancer, so often affords relief? The evil in all such cases goes on cumulatively whilst we dare so temporize, dare so trifle with and abuse the curative powers of nature, dare so scarify, hack, cut, and disfigure the beautiful organism our Heavenly Father has given us. Did not our Allopathic brethren even, a long time since, declare a resort to the knife to be the *opprobrium medicorum*?

Gentlemen, let us not be so presumptuous. Let us cultivate “some degree of humility,” by respecting and striving, with all the power that is within us, to apply in all cases the *perfect* law given to us through Samuel Hahnemann. Even let us humbly draw near and sit at the feet of Him from whom *all* our blessings flow, who is ever ready, ever willing, ever anxious to lead aright the ardent, the unwearied, the imploring searcher for truth.

The adaptability of the principles of Homœopathy to the wants of man, is “infinite” in its nature, and “infinite” is the “capacity” of the human mind to apply these principles. So long as there is a God in heaven to bless the human race, so long will the adaptability of these principles to human wants be progressive.

In regard to the repetition of remedies in my practice, I invariably follow the rule laid down by Samuel Hahnemann. It is only in that light that I feel responsible for the results as set forth in this paper.

Aconite is usually the remedy when there is a state of

constant restlessness, as from distress, which no change of posture or circumstance seems to relieve. The child gnaws at its fingers, or fists, or something else; cries, whines, or frets much of the time. Its sleep is very much broken; and there is usually much heat about the head, and a dry skin, sometimes with cold hands and feet. Soon after, or whilst awaking from sleep, its cries of discomfort recommence. Accompanying this state of things, sometimes, there is constipation, when the stools are hard and difficult to evacuate; more commonly there is diarrhœa, when the stools are watery and dark-colored, or bloody and slimy. The child is usually very thirsty, and seems to be relieved very much by holding on to the cup containing cold water, with its mouth, apparently for the purpose of cooling its gums. *Acon.* 2^o in water: a teaspoonful every two, three, or four hours, produces, in these cases, speedy relief. Often, after the first dose, a long and refreshing sleep is produced, and all the morbid symptoms disappear in good time.

Antimonium crud. When the stomach so sympathizes as to present prominent symptoms. Tongue white; much vomiting; no thirst. Stools composed of hard lumps and watery secretions, passing together.

Apis mel. Child screams out suddenly and sharply during sleep; more usually occurring at night. If now the child can talk, and is asked what is the matter, or what hurts it, the reply generally is, "Nothing." The urine is mostly scanty, but sometimes very profuse. Sometimes there is prolonged constipation; more frequently *diarrhœa*. Red spots scattered here and there over the skin, often causing itching and restlessness; worse at night. The gum covering the developing teeth sometimes has the appearance of a watery infusion, or of a sac containing water. In these cases *Apis* 2^o, a dose or two, dry on the tongue, will immediately lessen the frequency and violence of the screaming spells, and gradually the other symptoms will disappear, the diarrhœa, or constipation,

&c., and at length the teeth come through very kindly. In some *rare* cases it seems necessary to repeat Apis, in water, two or three times per day, for some time.

Arsenicum alb. The child has undigested, fetid stools, and is emaciated; dry and shrivelled skin; particularly restless after twelve at night. It has paroxysms of anguish, day and night, during which it often strikes its face or head with its little hand, as though that afforded relief. It often vomits all fluids soon after swallowing them, particularly water. It will only take a sip or two of water at a time, but very often. The gum, over the advancing tooth, sometimes appears to be blistered, or to be filled with a dark, watery fluid. The whole scalp is occasionally covered with a dry, scaly, milk-crust, and the stools are of very light color. Sometimes the child has a very pale and waxy look, and is very weak. *Arsenicum 8^m*, is my choice in such cases, of which a single dose is often sufficient to cure, and the teeth come through with less and less suffering; improvement commencing almost immediately after the pellets have been placed upon the tongue. If constipation exists, it does not positively contraindicate *Arsenicum*.

Belladonna. The child moans a great deal, as though the moaning caused partial relief of suffering. Violent starting or jumping of parts, or of the whole body, whilst sleeping or waking. If the starting occurs during its waking hours, it seems frightened at them, or it awakens from its sleep frightened with one of those starts. Convulsions, followed by a very sound sleep. Face and eyes red, often with dilated pupils and heat of head. Awakens from sleep with fright and staring eyes. The skin is often very hot, so as to leave a sensation of burning to the palm of the hand, when removed from its surface. Aggravation every afternoon. Very hot fever at night, often lasting all night, with delirium. The stools are often composed of thin, green mucus, of sour odor; and the child is often seen to shudder during stool. Sometimes the same

kind of stool is involuntary. Bell. 4^m is my choice, of which a single dose, dry on tongue, is often sufficient to produce the desired result. The gums in these cases are sometimes full of *very red* arteries, particularly the swollen gums.

Borax. The child is evidently afraid of a downward motion, even during sleep. If the nurse attempts to lower it from her arms, in a sleeping state, it is sure to cry out, and to throw up its hands, as from fear. It is very sensitive to the least noise; such as the rumpling of paper, of a silk dress, or the click of a door-latch, &c. Whilst sleeping, it will sometimes start, cry out, and hold on to things; its nurse, for instance, or the sides of the cradle or crib, as though it were afraid of falling. Stools watery, yellow, green, or brown. Aphthous condition of the gums, and so sensitive as to shrink from the least touch, even of the nipple, when hungry, in many cases. I never use Borax lower than the 200th potency or dilution, one dose of which will often be sufficient to produce a long and refreshing sleep, after which the child will take the nipple with avidity, and without shrinking, so much will the morbid sensibility be improved. Normal dentition will now be accomplished in due time.

Bryonia alb. Dry, parched lips; dry mouth, and constipation, the stools being dark and dry, as if burnt. The child wishes to be kept very quiet, and seems to dread to be moved. If it be raised to the perpendicular, it often vomits, seems faint, and wishes to lie back again. Vomits its nourishment, soon after taking it, unchanged. It seems eager for cold water, which seems to be preferred to its usual aliment. The swollen gums are hot and dry, though pale or light-red. Bryonia 2^c, or higher, will soon cause moisture of the lips, mouth, and gums, and suffering will subside quite satisfactorily. One dose is often sufficient.

Calcaria carb. The child has large, open fontanelles. The head perspires during sleep, so as to wet its pillow

far around. Stools large, hard, and of a chalky appearance; or thin and whitish. The gums are often pale and shiny, when the tooth is a long time in coming through. The child's feet are often cold and damp. The abdomen is, in some cases, large; and cold tumors are found about the neck. Loose, rattling cough; soft and flabby muscles. Hydrocephalus sometimes threatens. In cases like the above, Calc. c. 1^m, one dose, will not be long in declaring its beneficial results. So long as it improves, do not repeat.

Calcareo phos. has very kindly been furnished by Dr. Hering, for this special occasion. *Peevish and fretful children.* Often screaming and grasping with the hands. Fontanelles still open, or had closed and reopened; most in the vertex. Cold sweat on the face; body cold. They cannot hold the head up; move it from place to place; head totters. Squinting, as it were from pressure; eye-balls seem distended; they protrude somewhat. Coryza, running in a cool room, stopped in warm air and out of doors. Ears cold; point of the nose cold. Swollen under lip; face pale, sallow, yellowish; gets hot, with other complaints. During dentition, diarrhœa with much wind. Greenish, thin stools. Children refuse the mother's breast; the milk has a saltish taste. Children lose flesh; will not stand any more; do not learn to walk. Backward in teething, also in closing of fontanelles. Skull soft, thin; crackling noise, like paper; crepitation when pressed, most on the occiput.

Causticum. Children with delicate skin, when, during the evolution of a group of teeth, intertrigo makes its appearance, with occasional convulsions. Prolonged constipation; stools tough; covered with mucus, and shine like grease. The child has a yellowish, sickly-looking face; ravenous hunger, and takes its food in a hurried manner; frequent gulping up the watery portion of its nourishment; "*pot belly.*" The swollen gum sometimes suppurates. Caust. 6^m, a single dose.

Cicuta virosa (by Prof. Williamson). "Grinding of the teeth (when any are through the gums), with pressing of the jaws together, like lockjaw. Convulsions, with limbs relaxed and hanging down, or unnaturally stiffened and extended."

Cina. The child rubs its nose much, and is unusually hungry. Very restless in its sleep; must be kept in motion nearly all the time by rocking or otherwise. Hacking cough, followed immediately by an effort to swallow something. Diarrhœa; stools occurring immediately after drinking. Child wants many things, which are rejected immediately or very soon after being offered them. Even its most choice playthings or articles of food are repelled with violence. It does not like to be looked at, spoken to, or even touched; in fact, it is a *very* peevish child. Its urine, when it can be preserved in a vessel, or when seen in a puddle on the floor, soon turns white like milk. Restless at night; frequent crying out as from colicky pains, and calling for water. After a single dose of *Cina* 2^c, such children soon become more and more amiable, healthy symptoms are rapidly developed, and the teeth a little later. Sometimes it becomes necessary to repeat, in water, two or three times per day for several days.

Chamomilla. The child starts and jumps during sleep. When awake it must be carried all the time, in order to soothe its sufferings. Sometimes it will sleep only whilst being carried in the arms. One red cheek; the other pale. Diarrhœa, watery and slimy, or like chopped eggs and spinage. Stools the odor of decayed eggs. Dry, hacking cough. Very thirsty; likes to hold its mouth in cold water a long time when drinking. The appetite not so good as usual, and there is frequent vomiting of thin sour milk. Gums red and tender; much sleeplessness. *Cham.* 2^c, or higher, has almost magical effect in these or similar cases.

Coffea cruda. The child is very excitable and sleepless; it seems as if it *could not* sleep. It is fretting and worry-

ing in an innocent manner; not cross, but sleepless. It laughs one moment and cries the next; is feverish for want of sleep, which it cannot obtain. *Now*, one dose of Coffea 2°, and the child soon falls into a long and refreshing sleep, and awakes much improved. In this way Coffea may save the child's life.

Colocynthis. When the bowels sympathize particularly; much colic, forcing one to double up, with writhing and twisting. Stools watery, frothy, or bloody, with pain, which seems to contract or double up. Sometimes the pain is relieved by pressing hard upon the abdomen.

Cuprum acet. or met. (*Williamson*). "Dryness of the mouth, with colicky pains in the bowels. Green, bloody, painful stools, and efforts to vomit. Convulsions, beginning with cramps in the lower extremities, and drawing in of the fingers and toes, with much throwing about of the limbs, frothing at the mouth, and choking in the throat."

Spasms, preceded by violent vomiting of mucus. After one spasm the child screams, turns and twists, till another spasm occurs. All trouble seems inclined to be translated to the brain, threatening that organ with paralysis or dropsy. Cup. 2° in water, and repeated frequently in such cases, will often succeed in saving life.

Dulcamara. The aggravations of dentition are all increased by every damp, cold, change of weather. Not so much that the child takes cold then, but that the morbid condition of the child is such as to be so influenced by that atmospherical change, upon the same principle as that the pains of *Rhododendron* are all aggravated by a storm of wind, although the patient be warm and in bed. If the child be inclined to salivation, diarrhœa, eruptions upon the skin, &c., these sufferings and others may be intensified by the atmospheric change, when Dulc. 2° will be the specific, and render such changes in the future innocuous.

Ferrum. When a persistent diarrhœa is the result of

morbid dentition. Stools composed of mucus and undigested food; sometimes excoriating and exhausting, though painless. The face is often flushed, or has a red spot on each side. Often vomits its nourishment soon after taking it. Dentition advances slowly. Ferrum 2°, a single dose, often does wonders in cases similar to the above.

Graphites. When the scalp, face, behind the ears, or other portions of the surface, become the seat of an eruption which oozes a clear, glutinous, watery fluid. Sometimes the whole scalp, face, behind the ears, or such other parts as may be affected, become one complete raw surface, constantly pouring out this peculiar fluid. At the evolution of each group of teeth, this condition becomes aggravated till Graph. 2°, or higher, slowly eradicates the whole trouble. Often a severe constipation of large difficult stools attends the above condition. Sometimes the affected parts itch severely.

Helleborus niger. When brain symptoms are being developed. Dilated pupils; drowsiness; *particularly* when the stools are white and *jelly-like*.

Hepar sulphuris calc. is the remedy when a dry herpetic eruption is developed on some parts of the skin. It often appears in the bend of the forearm; upon the arm; in the popliteal spaces; upon the face or scalp. The itching is very troublesome. A whitish, sour-smelling diarrhœa often attends. Aggravations occur at the approach of every fresh group of teeth. The gums are sometimes ulcerated, *very tender*, and apparently *very painful*. Hepar 2°, a single dose, should be administered in cases like the above, and await the result. A much higher dilution may be needed.

Hyoscyamus (Williamson). "Pressing of the gums together, with putting the hands to the jaws, putting the fingers into the mouth, and other indications of pain in the jaws. Difficulty in swallowing. Convulsions, beginning with twitching of the muscles of the face, especially

about the eyes. Dilatation of the pupils. Dark-colored, bloated appearance of the countenance, and deep sleep after the spasms go off."

Ignatia amara. The child awakens from sleep with piercing cries, and trembles all over. Convulsive jerks of single parts. Frequent flushes of heat, with perspiration. Spasms return at the same hour, daily, with trembling all over. Spasms, with *cries* or involuntary laughter. Stools usually of mucus or of bloody mucus, often attended with undue exertion and prolapsus of rectum. Sometimes there is tenesmus and prolapse of rectum, without stool. The child has much sighing, sobbing, and crying; sighing and sobbing continues long after the crying. *Ignatia* 2°, in the above conditions, will frequently restore order, and dentition will progress unmolested.

Ipecacuanha. Continual nausea, with occasional vomiting. Diarrhœa. Stools fermented, and of many colors, or green as grass. Face pale, with blueness about the eyes. More frequently useful if, to the above, a variety of catarrhal symptoms were added by cold.

Kreasote. In this we have an invaluable remedy in difficult dentition. *Very painful dentition.* The sufferings are usually aggravated at six P.M., and continue till near six A.M. During all this time, by rubbing, and patting, and tossing, and worrying with the child, a very few short naps are obtained. It is a little more comfortable during the day, but the same scene is enacted the following night. The protruding gum seems infiltrated with a dark, watery fluid. Such teeth, as are through the gums, are dark and show specks of decay down to the gums. Constipation is more frequent; stools hard and dry. When there is diarrhœa the stools are dark-brown, watery, and very offensive; odor rather cadaverous. The stools seem to be exhausting; they excoriate, and sometimes contain portions of undigested food. *Kreasote* 2°: a single dose often clears up the case. Sometimes it becomes necessary to repeat it, in water, two or three times per day, for a few days. In

such cases we need not despair of so changing the morbid condition of the system as that other teeth shall not turn black and decay ; and even the affected teeth will improve in their appearance.

Lachesis. The child awakens in an unhappy mood, and often in a distressed condition. At times convulsions will occur, so sure as the child goes to sleep. If we watch such children attentively, we will perceive the breathing to cease just prior to the convulsion, or just before it awakens in distress, without the convulsion. The protruding gum is sometimes found to be dark-purple. *Lach.* 4^m is my choice, and I seldom have a second, and not often the first spasm to recur, after a single dose, dry on the tongue. The other sufferings also rapidly disappear.

Lycopodium. The child sleeps with its eyes partly open, throwing its head from side to side, with moaning. It cries and screams just previous to passing water. Red sand, or a reddish stain, is perceived on its diaper, after passing water. Much rumbling, rattling, and commotion in the abdomen. If it passes flatus, it is very offensive. Aggravations occur at four P.M., and relief at eight or nine. Often very restless all night, like a *Rhus* restlessness. It takes but a small portion of food at a time, and does not care much for that. *Lycopodium* 6^m, often clears up the whole trouble. One dose.

Magnesia carb. The teeth do not come through. A green and sour-smelling diarrhoea has continued a long time. Emaciation. Sometimes the stool has the appearance of scum on a frog-pond. Frequent vomiting of sour substances. Sometimes there is loss of appetite and sour breath, with constipation, and frequent urging to evacuate a natural-looking stool.

Magnesia mur. Slow dentition, with distension of the abdomen and constipation. The region of the liver is enlarged and hard, and the nurse or mother says, "the child is liver-grown." The stool is often large and hard, and crumbles as it leaves the verge of the anus. Sometimes the

stool is green and pap-like. I have sometimes witnessed a severe aggravation to follow a single dose of the 2^e potency, and a rapid and permanent improvement to follow.

Mercurius sol. or viv. Copious salivation, and sometimes little blisters are seen on the tongue, gums, and cheeks. Quite large ulcers sometimes are seen on the protruding gum. With the above conditions, the nights are usually very troublesome. Now, it occasionally happens that the child takes cold, and the salivation becomes arrested. Then convulsions occur. Merc. 1^m will speedily restore the saliva; the spasms cease; all goes on well, and finally the salivation ceases harmlessly. The diaper is often stained with a yellowish, strong-smelling urine. Abdomen often hard and distended. Stools usually slimy, bloody, green, and accompanied with tenesmus. A single dose of merc. is often sufficient.

Nux vomica. For teething children being raised by artificial or mixed feeding, or whose mothers or nurses indulge constantly in highly-seasoned food, wines, &c. Aggravations occur at about four in the morning. Appetite becomes impaired; thirst increases, and the child becomes peevish and fretful. Constipation, with large, difficult stools occur; or the stools become small, frequent, lumpy, or fluid. Bloody saliva often stains their pillows when sleeping. The mouth sometimes becomes sore, and the breath very offensive.

Nux moschata. Particularly when the stools are very thin and yellow; all soaking into the diaper as it were. They are very exhausting, and the child is very sleepy.

Podophyllum pelt. Grinding of such teeth as are already cut, with crying and worrying; often with painful diarrhœa. Rolling of the head from side to side, with green stools. Whitish, chalk-like stools, very offensive, with frequent gagging and thirst. Morning diarrhœa. Frothy, undigested stools. Prolapse of the rectum with every stool. Sometimes the stools are very frequent all day, all of which are natural. Very worrying and sleepless all

the early part of the night, apparently from nervous irritability. Voracious appetite, with other bad symptoms. Diarrhœa immediately after eating or drinking. Food sours soon after eating, when it is rejected. I use the 200th potency, sometimes in water, if the first dry powder is not sufficient.

Dr. Williamson subjoins the following: "Gagging, and the discharge of fetid carrion-like smelling stools. The motion of gagging is made with the mouth, and not accompanied with the effort in the stomach seen in retching."

Psorinum. These cases, at first view, resemble Sulphur. On examining more carefully, if we find a dark fluid stool, having the smell of decayed eggs, and eructations, or the child's breath having a similar odor, we may feel very sure that Psorinum is the remedy. Give a single dose, and await the result. Repeat cautiously.

Rheum. Is particularly indicated when a very sour-smelling diarrhœa is developed, with much pain in abdomen during stool. The diarrhœa is aggravated by moving about.

Sepia. I think of Sepia particularly when dry ring-worms make their appearance, or seem to brighten up at the evolution of every fresh group of teeth. Bad smell from the mouth. Aggravation of diarrhœa after taking boiled milk. If the diarrhœa appears to be very exhausting. I seldom use Sep. lower than 6^m.

Silicea. In scrofulous children, having worms with profuse salivation. Frequent pulling at the gums. Fever towards evening and all night, with heat in the head. Difficult stools. The mother or nurse declares, from observation, that the stool frequently recedes before the child can effect its passage. The feet smell badly, notwithstanding every effort to prevent it. Profuse sour-smelling perspiration upon the head in the evening. The fontanelles are large, and the head is larger, in proportion, than the rest of the body. The protruding gum seems blis-

tered, and is very sensitive. Stools, when very loose, are usually very dark, and sometimes very offensive. Sil. 6^m, is my choice, and is seldom repeated.

Stannum. In some cases where it seems as if Cina should cure and it does not. Particularly if the child is more comfortable by lying with its abdomen across some hard substance, the shoulder or knee, for instance. Epileptiform convulsions, with clenching of its thumbs. If hernia should protrude, with Stann. symptoms, this circumstance would strengthen its indication. Stann. 2^c is my first choice, and then higher if necessary.

Staphysagria. The child is very sensitive to the least impression, whether mental or physical. It winces and shrinks from every wry look or harsh word, and cries from the least pain. The gums have a pale white appearance, and are very tender to the touch. Pot-bellied children. Frequent desire for stool not relieved even by a free evacuation. Such teeth as are cut have a dark look, or dark streaks run through them. Moist scald head, with yellow scabs, and very offensive.

Stramonium. When the child's brain seems so affected as to cause it to cease making its wants known except by motions. Violent grinding of such teeth, as are cut. It seems to shrink from the sight of objects when first presented, as if afraid. The approach of a bright light causes spasms. Blackish, thin stools, having a cadaverous odor. A very dry mouth, or profuse salivation.

Dr. Williamson subjoins the following: "Grinding of the teeth. Moving of the fingers in sleep, as if searching for something. Disposition to stammer, and try to talk. Often there is a desire for more light, and at other times light brings on an aggravation, and even convulsions. Convulsions, with cries as if from being frightened by the sight of hideous objects. Much throwing about of the limbs, especially of the arms and hands, with motions of the fingers. The motions are most violent in the upper portions of the body."

Sulphur. White, sour diarrhœa, with redness about the anus. Green or bloody stools, with crying and worrying, and rawness about the anus. Frequent vomiting of nourishment. Papulous eruption on the skin, with much itching. The child does not like to be washed any more. Very tender and red about the anus after every stool. It takes no more long and refreshing sleeps. Frequent waking; wide awake. Jumps in its sleep. Seems to have frequent weak, faint spells.

Sulphuric Acid. The mouth and gums are in an aphthous condition, and seem very painful. The child is very irritable, restless, and cries much of the time. The stools are peculiar, the appearance being like chopped mucus of a saffron color. Even if there is not aphthæ, the stools are sufficiently characteristic, and may be regarded as the key-note when present. Should not be used lower than 2^m.

Veratrum. Vomiting, with severe retching, and severe retching without vomiting. Cold sweat on the forehead. Vomiting renewed by the least motion. Diarrhœa. Each stool followed by great prostration. Cold, damp feeling of the extremities in spite of all covering and wrapping. Very weak, faint pulse. In this state children often refuse to speak. The above condition simulates cholera infantum, but difficult dentition may be the cause.

CALADIUM IN PRURITUS PUDENDI. Dr. Scholz, of Breslau, relates two cases—1. A girl, four years old; violent itching on the external genitals, which compelled her to scratch; severe punishment did not prevent it; the child was reduced in body and mind. 2. A girl, twenty years old, otherwise well, suddenly complained of frequently returning itching over the genitals, which was finally accompanied with voluptuousness; three months later it was followed by a mucous discharge, and a very troublesome eruption of pimples around the genitals. Prompt cure, in both cases, followed the use of caladium tincture, in water, frequently repeated.

Mercurius solubilis, 2^c, a single dose, has frequently proved promptly curative of this trouble in young children, who rub and scratch the genitals, particularly at night, when in bed.

CURARE.

(From the *Nouvelles Données de M. M. H. et de Toxicologie par Dr. L. T. Houat.*)

TRANSLATED BY S. LILIENTHAL, M.D.

THE CURARE may be compared with Alum., Ars., Bell., Caps., Carb. v., Con., Cub., Dulc., Hep., Ign., Lach., Merc., Natr. m., Nux vom., Phos. ac., Puls., Samb., Tanac.

1 Trismus.

Agitation and trembling of the whole body.
Violent rush of blood to the head and the heart.
Painful contractions in the spinal column.

5 Desire to twist the spine and the extremities.

Inflammatory swelling of the glands of the axillæ,
and of the loins.

Bruised sensation over the whole body, especially in
the arms and shoulder-blades.

Tingling sensation and morbid pains round the bones.
The bones feel as if they were broken; he has not
got strength enough to move them.

10 Weakness, followed by sleep, with nightmare and
frightful dreams.

Strange visions; somnambulism; he speaks and rises
up in his sleep.

Congestion of blood to the head, with hemorrhage
from the mouth, nose, and ears; obstruction in the
throat and suffocation.

Tetanic stiffness over the whole body.

Dolores osteocopi, especially at night.

15 Pains affecting either one or the other side of the
body, and frequently crossing one another.

Aggravation of the pains morning and evening, at
the change of the weather, from humidity, heat,
and wind.

Great bodily and mental lassitude.

His ideas are incoherent and want stability.

Indecision; obtuse intelligence; one needs guiding
and pushing to do something.

20 Great disposition to be frightened and to cry.

Excessive fear of death.

Fits of craziness, so that he turns against himself;
he strikes, scratches, and lacerates himself with a

kind of pleasure, without showing the least sign of pain.

Anxiety; apprehension; excessive anguish.

Foolish gayety, interrupted by crying spells and fear.

- 25 Constant ennui (time hangs heavy on him; he does not know how to pass it).

Confused ideas, with sensation as if he suffered constantly from delirium.

Irascibility; mischievousness; desire to fight, to kill, and to steal, lurking hidden about for the evil deed.

Character sorrowful, egoistic, envious, intractable, infatuated.

Indifference to everything that passes around him.

- 30 Gayety, mixed with down-heartedness and sighing.

Regrets for things which belong to the past.

Greatly discouraged; he feels it impossible to be consoled.

Intense chagrin; frequent crying, with desire for solitude.

Aversion to society.

- 35 Everything he sees appears dirty and out of place.

Disposition to suicide.

Laziness and great indifference.

Love for luxury and grandeur.

He would like to go to the country and travel with great show.

- 40 Feebleness and dulness of the head.

Sensation of great pressure in the cranium.

Contractive pains in the brain, with difficulty to get his ideas together.

Lancinating, piercing, crampy pains all over the head, forcing him to lie down and to stretch himself.

Congestion of blood to the head, with pulsative vibrating pains and loss of consciousness.

- 45 Cerebral hemorrhage, followed by paralysis of the whole left side.

Sensation of great pulsation communicating from the head to the heart.

Shooting, digging pains and contractions in the brain, with fainting fits.

Burning heat; spasmodic and lancinating pains in the head, with discharge of purulent mucus from the nose.

Cerebral tubercles.

- 50 The head is drawn backward, with stiffness of the neck.
Swinging and trembling of the head.
Sensation as if the head was struck repeatedly, so that it feels sore all over.
Neuralgic pains, starting in front and radiating to the neck, as well as to the face.
Semi-lateral headache, with pulsative pains right and left.
- 55 Headache so severe that he is not able to raise his head.
Painful oscillation in the brain, as if it were full of fluid serum.
Great pressure on the parietal bones, as if the head were in a ring of iron.
Sensation of roaring and of boiling in the head at the least motion.
Violent blows in the region of the cerebellum.
- 60 Insupportable itching of the hairy parts, with constant desire to scratch them.
Great sensitiveness of the hairy parts.
The hair falls out.
Pimples, like tubercles, itching and burning, on the hairy parts.
Enervating titillation over the whole head.
- 65 Squamous herpes, crusts, and fissures on the hairy parts.
The hair entangles and frizzles like wool.
The hair becomes dull and at last white.
Large greasy ulcerations on the head.
Epileptic fits.
- 70 Convulsive motions in the spine and extremities.
Sensation of dizziness in the head, with pressure on the temples and constriction of the throat.
Torsion of the neck; drawing the head backward, with falling down; unconsciousness and stiffness of the body.
Tossing about, and inordinate motions of the extremities.
Bloody foam before the mouth, micturition, and a great deal of flatulency.
- 75 Excessive violent spasms, especially in the arms.
After the spasms deep sleep, with snoring.
When waking up, weakness and prostration, nausea

and vomiting, great difficulty to gather his ideas, to speak, or to understand; delirium; desire to stretch himself; appetite and great thirst.

Frequent epileptic attacks at night.

Sudden and transient fits of convulsive movements and shiverings.

- 80 Strange movements of the head, the arms, and the feet, as in chorea.

Limping and stumbling walk.

Frequent fainting fits.

Eclampsia.

Great disposition to motory paralysis.

- 85 Certain movements are made unconsciously, and when he finds it out he is greatly surprised.

Contractions and uneasiness in the spinal column, with sensation of shrinking and of twisting in the affected parts.

Racking, spasmodic pains in the back, so that he has to change constantly his position.

Contraction and twisting sensation in the shoulder-blades and shoulders.

Sensation as if he had a weight attached to each hand, and as if the arms became nearly disarticulated.

- 90 Contractions and spasms in the arms, which crack and twist.

Great weakness of the arms and hands.

He cannot hold anything in his hands.

Severe, lancinating, incisive pains in all articulations of the arms.

Twitchings, and burning, tearing, rheumatic pains in the elbows and hands.

- 95 Inflammatory swelling, red and painful over the whole arm.

Sensation : s if all articulations became welded together.

Aggravation of the pains by motion, damp weather, cold, wind, strong liquors, in the evening, and sometimes in the morning when waking up.

Heaviness and paralytic weakness of the arms: it is impossible to raise them or to change their position.

Tearing muscular pains, frequently at the least effort.

- 100 Excessive trembling of the hands.
Softening and great fragility of the nails.
Panaritium.
Swelling of the wrists and of the hands.
The fingers swollen and stiff; the hand can only be closed with difficulty and by degrees.
- 105 Excessive pains of the nails, with sensation as if they were twisted and raised.
Sensation as if the arm were squeezed in different places.
Complete paralysis of the arms, beginning with insensibility of the skin.
Miliary, pruriginous, and burning eruption; the skin appears thick and rough.
Subcutaneous pimples, like tubercles, which take long to suppurate.
- 110 Red spots, turning yellow and scaling off at last.
Imperfect circulation and concretions in the nerves.
Heat and burning in the hips, with lancinating, crampy pain at the least motion.
Inflammatory swelling of the groins.
Inflammation and swelling of the inguinal glands.
- 115 Sciatica, with stiffness of the leg and great difficulty of walking.
Tingling and numb feeling in the legs, going from one to the other, and ending in complete paralysis.
Sensation as if the calves of the legs were compressed with all force, and as if all the nerves there were tied or cut.
Frequent retraction of the legs, with great difficulty to stretch them out again.
Disposition of the legs to deviate and to form an arch, as in rachitic children.
- 120 Varices on the legs, with burning heat and sensation as if the feet were covered with balls.
Very painful swelling of the feet and the legs the whole evening.
He cannot support himself on his inflamed and burning feet.
Abscesses of the legs, with suppuration mixed with blood.
Inflammation of the periosteum.
- 125 Lancinating and tingling pains in the articulations of the legs, especially in the knees and hips.

- Gouty, rheumatic pains in the legs.
 Pulsative and burning pains.
 Crampy and tearing pains, aggravated by motion.
 Rheumatic and gouty swelling of the articulations.
- 130 Erysipelas of the legs, extending to the abdomen.
 Swelling of the feet, with burning pulsations, and impossibility to protect them from the heat.
 Tumefaction of the feet, with abscess and tendency to gangrene.
 Softening and destruction of the nails of the feet.
 Disposition for callosities.
- 135 Sensation as if soap-bubbles burst in the ears, with burning, lancinating pains.
 Whirring and roaring noises, with fits of deafness.
 Severe tingling, accompanied by beating of drums, crackings, and detonations in the ears.
 Weakness of hearing, with great sensitiveness to noise.
 Different noises about the ears, even of whistling and of cries of animals.
- 140 Complete deafness.
 Purulent discharge from the ears.
 Erysipelatous swelling in the interior of the ears, also of the head.
 Earache, so that he loses consciousness.
 Hemorrhage from the ears.
- 145 Lancinating nervous pains; starting from the ears and reaching down to the legs, so that he is obliged to lie down.
 Internal otitis, with pains, which drive one crazy or to suicide.
 Very copious secretion of cerumen.
 Miliary pruriginous eruption in the cavity of the tympanum and the internal ear.
 Corroding ulcers on the auricles, with crusts and fissures, especially after catching cold.
- 150 Varicose ulcers of the ears.
 Broiling heat in the eyes, with frequent winking.
 The eyes inflamed and red.
 Continual mist before the eyes.
 Yellow color and dimness of the eyes.
- 155 Burning, lancinating, digging pains in the eyes.
 Contractive pains in the eyes, especially in the evening.

Sensation as if he had a corrosive acid deep in the eyes.

Lachrymation and great photophobia.

Distensive and shooting pains in the eyes, as if something would tear them.

160 Great diminution of the pupils.

Amaurotic weakness of the sight.

Pupils greatly dilated.

Myopia.

Fiery circles round the eyes, also a great many black points.

165 All objects seem to tremble and to mix up together.

Fits of blindness in the evening.

Neuralgic pains, going from the eyes into the brain, and producing stupefaction.

Pimples, like water-blisters, in the sclerotica at the corners of the eyes.

Redness and tumefaction of the eyes, as if they had been struck, especially when waking up in the morning, and in the afternoon.

170 Sensitiveness and weakness of the eyes; the least application of them produces vertigo.

Eyelids red and swollen.

Ulceration and crusts on the edges of the eyelids.

Redness and shrinking of the edges of the lids, with impossibility to shut them.

Blearedness of the eyelids, especially mornings, when waking up.

175 Sensation as if the lids would stretch and tear.

Pulsation and spasmodic fluttering of the lids.

Burning, herpetic eruptions on the eyelids.

Very disagreeable dryness of the nose.

Sensation as if an instrument were introduced in the nostrils.

180 Frequent desire to sneeze; often without result.

Stoppage of the nose, with very painful, dry coryza.

Titillation and insupportable burning in the nostrils, with the sensation as if they were excoriated all over.

Ulcers in the nose, with swelling of the bones and of the cartilages of the nose.

Copious discharge from the nose of green, bloody mucus, and of a very bad odor.

- 185 Tumors in the nasal fossæ, preventing respiration, and easily bleeding.
Enormous thickness of the nose.
Epistaxis, especially in the evening and at night.
Coryza, with frequent sneezing; incessant running of slime from the nose; heaviness and weakness of the head and of the eyes.
The nose inflamed, with the sensation as if he could tear it off from the face.
- 190 Pulsative, digging, punching pains in the nose, repercussing over the whole head.
Sensation as if a sharp instrument pierced the root of the nose and went into the brain.
Scratching pain in the wings of the nose.
Pimples, like tubercles, around the nose.
Loss of smell.
- 195 The face pale, greenish, cadaverous.
The skin of the face relaxed and hanging.
Puffed face, with sensation of coldness in all parts.
Pale face, incrustated with small, red, hard tumors, which remain so without coming to anything.
Very painful pimples, secreting a thick, greenish matter.
- 200 Pustular, herpetic eruption.
Frequent furuncles.
Dryness of the muscles and extreme emaciation of the face.
Acne rosacea, with varices and bleeding of the cheeks.
Erysipelatous swelling, changing frequently its place in the face.
- 205 Congestion, redness and puffiness of the face, with a black circle round the eye.
Urticaria.
Many burning pimples in the cilia and beard.
Corroding ulcers, and of a cancerous nature, in the cheeks.
Herpes with scales, which, after falling off, leave the skin red, or with thick and tedious crusts, especially on the forehead and cheeks.
- 210 Neuralgic pains, with shooting pains in the muscles, and distortion of the face.
Facial neuralgia, especially on the left temple.
Beating pains in the bones of the face.

- Sensation as if the bones of the face became enlarged.
The lips inflamed and covered with phlyctænæ
- 215 Ulcerations and fissures of the commissures of the lips.
Dryness, chapping, and frequent bleeding of the lips.
The lips thick and full of scirrhus tubercles.
An indurated tumor, of a syphilitic nature, on the lips.
Lips swollen so that he cannot shut his mouth.
- 220 Swelling of the cheeks and of the gums.
Gum-boil.
Gums gray, black, and bleeding.
Tumefaction of the gums, especially in the evening, with impossibility to eat.
Piercing, lancinating toothache, aggravated mornings, afternoon, at night; also by cold air, rest, and strong liquors.
- 225 The carious teeth easily fall out.
Inflammation of the palate.
A great many small pimples on the palate; itching and burning.
Neuralgic pains, going from the jaws to the teeth.
Crampy pains in the jaws, with squeezing and grinding of the teeth.
- 230 Sensation as if the teeth, when touched, give way to the pressure and recede in the gums.
Ulceration and bleeding of the gums.
Hard and very painful pimples in the palate.
The tongue inflamed, thick, heavy, and covered with small pimples, especially on the edges.
Sensation of dryness and ruggedness of the tongue, which feels very disagreeable.
- 235 Copious salivation.
The tongue deep-red, ulcerated, fissured, and bleeding.
Sensation as if the jaw, the lips, the tongue, the whole mouth were paralyzed.
Confused speech; nasal voice; he cannot speak any more; he cries.
Sensation as if the bones of the neck were twisted, forming a hump in the throat.
- 240 Swelling and deviation of the muscles and bones of the neck.
Thick and painful tumor, especially on the right side.

- Scrofulous swelling of the glands of the neck.
 Stitches in the lateral parts of the neck, as if a blade of iron were run through them.
 Sensation as if had always a tight band round the neck, with congestion and great heaviness of the head.
- 245 Furuncles and pustular eruption round the neck.
 Great heat and burning in the throat.
 Sensation as if a hard body clogged it up.
 Ruggedness of the throat, with great accumulation of thick mucus.
 Inflammation and very painful swelling of the tonsils.
- 250 Continual desire to swallow and to hawk, in order to clear his throat.
 Congestion of blood and hemorrhage of the throat.
 Abscess of the tonsils, with burning and difficult respiration.
 Pulsations and pains as of excoriation in the throat.
 Constriction of the throat, with fits of suffocation.
- 255 Inflamed varices in the velum palati and in the throat.
 Bitter, sour taste in the back of the throat.
 Very difficult deglutition; fluids return frequently through the nostrils.
 The throat feels as if paralyzed; sometimes burning, at other times icy cold.
 Tension and convulsive relaxation in pharynx and œsophagus.
- 260 Dryness and spasms through the whole digestive tube, with thirst, without being able to drink; fever, delirium, and fits of hydrophobia.
 Aggravation of the suffering by the least pressure on the neck, even when only swallowing his saliva or drinking.
 The pains feel easier after taking the first morsel of food.
 Burning, stitching, and contractions in the larynx.
- 265 Granulations in the larynx, with burning, lancinating pains, purulent expectoration, and very foul breath.
 Frequent hoarseness.
 Sensation as if the windpipe were torn low down.
 Fits of occlusion of the larynx, with suffocation.

- Large quantities of mucus and false membranes in the larynx.
- 270 Excoriation and shrinking of the œsophagus.
Swelling and hypertrophy of the cartilages of the larynx.
Sensation of heat and of scraping in the bronchi.
The voice thick, weak, whistling.
Extinction of voice after speaking a few words.
- 275 Burning heat in the chest, with the sensation as if the bronchi were swollen and torn.
Great difficulty of respiration.

(To be continued.)

CORROBORATIVE PROVING OF LILIUM TIGRINUM.

BY L. M. KENYON, M.D.

(Read before the Erie County Medical Society.)

May 11th, 1868.—Mrs. —, teacher, married, mother of three children, 48 years old, stout, nervo-bilious temperament. Menstruation has been irregular for about one year. Says she has had unpleasant feelings of pressure, fulness, and palpitation in heart for many years. During the last year they have increased very considerably. The symptoms of which she now complains are as follows: A dull, pressing pain in region of the heart, nearly constant, but increased by eating, no matter how lightly; frequent palpitation; almost constant apprehension of something serious to grow out of the trouble; otherwise perfectly well. By careful examination I could find no signs of valvular trouble. The impulse of the heart, however, was perceptible over a larger space than natural, and the contractions at times seemed incomplete.

I gave her *Lilium tigrinum* 30, twelve powders, with directions to take three doses a day until some relief was produced; then omit them. She took them all; and, during the night following the last dose, was awakened

with distressing pain and pressure, with fluttering of the heart. The pain was not acute, but a pressure. I assured her that it was the effect of the medicine she had taken, and prevailed upon her to await its action. The next day many new symptoms came up, which confirmed me in my belief, and she consented to wait still longer, and make a careful record of the symptoms as they should occur. The tenth day was the one of most suffering, and from that time the symptoms began to diminish; and at the end of three weeks she reported herself entirely relieved, and feeling better than for years; and up to this writing (September 15th) has continued perfectly free from all the former troubles.

It may be well to state, in this connection, that the patient did not know what she had taken, and the symptoms given below are copied from the paper given me by her.

Quick, sharp pain in left chest very frequently. Pain in the region of the heart all the time, but it is increased by stooping, leaning forward, or lying down. Constant feeling of load or weight in left chest. Very violent feeling of fluttering in the heart; frequently waking up in the night with it; not relieved by changing position. Feeling of lump under breast bone, moving up and down by swallowing. Violent palpitations very frequent. Heaviness and pressure about the heart after eating; this symptom has increased very much, and is sometimes almost unendurable. Bowels feel full and distended most of the time, with great weakness and trembling. Loss of appetite. Considerable nausea at times after eating. Sharp, cutting pain in right side, between short ribs and hip, running to centre of bowels. Pressure downwards, in the lower portion of bowels, almost constant. Pressure in the rectum, with almost irresistible desire to go to stool. Feeling as though diarrhœa would come on, but passes off by urinating. This was every day, and sometimes several

times a day. Very great distension of stomach and bowels, with flatulence; relieved by passing wind up and down. Frequent but scanty urinating. Bearing-down pain, as though menstruation would come on. Constant, dull pain low down in the back-bone between the hips. Pain in small of the back. Cold hands and feet, and cold sweat on both most of the time, particularly so when having fluttering of heart. Heat, and full, bloated feeling of face and head. Constant desire to pick the nose, and right nostril dry or closed up. Pain over the eyes. Blurred sight, *with heat in eyelids and eyes*; this was constant and very troublesome. Heavy feeling in the head. At times slightly confused, then almost crazed feeling in the head. Rushing as of some fluid through the head, generally from right to left. Low-spirited; can hardly keep from crying frequently, which is the opposite of her natural disposition. Apprehension of some calamity or serious disease very much increased. Frequent faintness, especially in a warm room, or after being on the feet a long time.

The symptoms, rushing as of some fluid through the head, generally from right to left, and the constant desire to pick the nose, are, I believe, the only entirely new ones; but several of those given by Dr. Payne are enlarged upon in this case; viz., a crazed feeling in head alternating with the confused, and heat in the eyes and eyelids, with the blurred vision; with perhaps some others.

I look upon this proving as being very remarkable, from the fact that a very large proportion of the symptoms obtained in this case were the same as obtained by the only female prover of the remedy, as reported by Dr. Payne in *Transactions of American Institute for 1868*.

The potency used in this case was made from a tincture of the whole plant, furnished me by Dr. Payne.

CLINICAL CASE.

BY C. S. MIDDLETON, M.D.

Marasmus—Tinctura sulphuris.

G. L. B., now aged three years, had diarrhœa (marasmus) for eleven months prior to my attendance, and was under Allopathic treatment most of that time, without benefit. He was, in fact, growing worse.

The following is a brief summary of his condition at the time of my first visit, March 30th, 1869:—

Abdomen distended; stools watery, flocculent, occasional lienteria, large and very offensive, and passed by day and night; none, however, during the morning hours; little or no fever, but great thirst, particularly at night, which he had been allowed to indulge; urine passed frequently, and in large quantities; great desire for meat; he would, in fact, eat scarcely anything else; cross and peevish.

I attended the little fellow for the following three months, making visits as often as was necessary; during which time I gave Arsenicum, Cham., Cina, Croton tig., Merc., *Sulph.*, etc., in various potencies up to the thirtieth. He improved greatly at times, but not permanently, until I gave him, about the middle of June, the tincture of Sulphur, which "acted like a charm," and with but little further trouble he got well, and has remained so. His father says: "I never have seen so great a change in any child before. He is now so fat you would scarcely know him, is out of doors most of the time, and plays without intermission."

I had previously given Sulphur, upon more than one occasion, but never lower than the third trituration. Higher potencies might have cured the case, but as the preparation used acted so well, I am bound to believe that Sulphur, in that form and dose (which, I neglected to say, was drop-doses, in water, every two hours), was exactly what was required.

BARWELL'S PLAN OF TREATING CLUB-FOOT,
APPLIED SUCCESSFULLY TO WEAK ANKLES.

BY MALCOLM MACFARLAN, M.D.

MARY E., a delicate girl, aged 7 years, was brought to me on 1st of June, 1869, for weakness of the left ankle-joint. Her widowed mother was compelled to work in a factory, so that the child was badly cared for, and very much run down in general health.

The weakness was first noticed three years since, and had been gradually getting worse; otherwise there were no prominent general symptoms about the case. The calf of the left leg was quite soft and flabby, and evidently atrophied, compared with the other. On attempting to walk, the left foot was turned under, the internal malleolus almost touching the floor. When the child was placed on a high chair, with the feet pendant, the left foot had the appearance of *talipes equino valgus*, which was at once remedied by slight manipulation, and retained in proper position by slight pressure of the hand. In just such cases does Barwell's method effect the most astonishing results.

Here there was no necessity for dividing the opposing muscles, as they were merely exerting their normal force, and were not structurally changed. The division of their tendons, and placing the leg in the ordinary apparatus, would certainly relieve the apparent deformity, but would not give the paralyzed muscles a chance to perform their offices. The best result that could be expected from this, therefore, would be a straight but weak limb.

To overcome these objections, Mr. Barwell, of England, has lately invented the plan of applying artificial rubber muscles, in such a way as to compensate for want of tonicity or paralysis.

Following his plan in the main, the attachments of the two artificial muscles were, in this case, as follows:—One opposite the medio-tarsal joint, at the inside of the foot; and the other over the ball of the great toe. Pieces of

wire, bent like a figure of eight, were held in position at these points by adhesive straps passed through one of the loops, while the hooks affixed to the lower ends of the pieces of rubber-tubing, were attached to the loop exposed. When the rubbers were sufficiently stretched to overcome the deformity, their upper extremities were hooked into a loop of wire two inches below the external tuberosity of the tibia; the loop previously being secured by being soldered to a strip of tin one and a half inches wide and four and a half inches long, attached to the outside of the leg, and retained by adhesive strips and a reversed roller.

Many modifications have been made in the attachments of the loops, but the principle involved is, the rubber-tubing to induce motion and overcome deformity.

Barwell uses a comparatively short piece of tubing, which is eked out by a small chain, that can be hooked up or let out at will, to make greater or less tension; otherwise, in increasing the tension, the rubber has to be cut, which is sometimes objectionable.

The case mentioned above did well, the child walking well and not dragging her toes as she had been doing. It excited a good deal of interest at the clinic, when the differences were shown with and without the apparatus.

Friction is being used, and the child is receiving Calc. carb. There is every likelihood that the case will go on to a successful restoration of tonic and power.

DIAGNOSIS BETWEEN ACCIDENTAL HEMORRHAGE AND PLACENTA PRÆVIA.—The blood in placenta prævia comes directly from the uterine or placental vessels, or both, into the vagina, and is there discharged as blood, leaving coagulations behind in the vagina; whereas, in accidental hemorrhage, the blood, before being discharged, having to find its way some distance to the os, deposits its fibrine, so that coagulation does not occur in the vagina, which is free from clots.—*Braithwaite.*

PUBLICATIONS RECEIVED.

THE CLINICAL GUIDE; or, POCKET REPERTORY FOR THE TREATMENT OF ACUTE AND CHRONIC DISEASES. By G. H. G. Jahr, M.D. Translated by Charles J. Hempel, M.D. Second American revised and enlarged edition, from the third German edition, *enriched by the addition of the New Remedies*, by Samuel Lilienthal, M.D. New York: Bœricke & Tafel. Philadelphia: F. E. Bœricke & A. J. Tafel. 1869. Pp. 624.

The first American edition of "Jahr's Pocket Repertory," published in 1850, has been for a long time out of print. We have no doubt but that every practitioner who has used it will agree with us in saying that it proved to be a very handy and useful volume. While it is true that the present volume has for its basis the first edition of 1850, yet the additions and improvements are so numerous and important as almost to entitle it to be claimed as a new work. And even Jahr's third improved and enlarged German edition is greatly improved in this American issue, inasmuch as Dr. Lilienthal has taken great pains to incorporate the "New Remedies" with the text, and has added many valuable extracts from the writings of Professors Guernsey, Raue, Wells, Franklin, Hel-muth, and others; so that nothing has been omitted that could add to the practical usefulness of the volume.

It opens with an "Introduction," and a systematic table of the various articles contained in alphabetical order; then follows the *Clinical Guide*, for the treatment of acute and chronic diseases, these being arranged in alphabetical order, commencing with "*Abscesses*" and ending with "*Zona*." The characteristic symptoms of the most important remedies referred to are then given, and the whole is concluded with a copious index.

To those of our readers who have used the old edition, nothing need be said to induce them to procure a copy of the new. To others, however, we feel free to state that, as a volume of ready reference to lie on the office-desk, or be used at the bedside, it is very valuable, and will save many tedious and distracting hunts through the *symptomen codex*.

The typographical execution of the book is excellent.

EDITORIAL NOTES.

RETIREMENT OF WILLIAM RADDE.—An event worthy of being chronicled in the annals of Homœopathy is, the retirement of this gentleman from the business he had so long been engaged in—that of homœopathic pharmacist and publisher. His *imprint* is to be found on hundreds of valuable (and on some worthless) publications, and his name is indissolubly connected with the rise and progress of Homœopathy in America. After thirty-five years of the closest attention to business, he has "sold

out" to Messrs. Bœricke & Tafel, and proposes to seek rest in the shade of retired life. Like most men who have fought the battle of life successfully, he has doubtless made enemies, but he should ever be borne in grateful remembrance as a man who, at a time when Homœopathy was *not* popular, and when homœopathic physicians were to be counted by scores rather than by thousands, risked his money in the publication of books from which there was a certainty of no speedy profit, and a possibility of none at all.

Of the correctness and enterprise of his successors, it is not necessary that a single word should be said; they are too well known and too highly appreciated to need eulogium.

THE VALUE OF MEDICAL OPINION.—The recent finding of a court-martial, held upon a surgeon of the United States Navy, is based upon the principle that a line officer is a better judge than a medical officer, whether a sailor on the sick-list is restored to sufficient health for the performance of his duties. The charge against the surgeon was, treating with contempt his superior officer, in dissenting from an order to take a seaman off the sick-list; and the sentence of the Court was: "Suspension from rank on furlough pay for two years, and a public reprimand, to be read at every naval station and on board every vessel in commission." The Secretary of the Navy has, however, remitted the sentence, so far as suspension from rank on furlough pay is concerned. The Secretary, in the conflict of opinion as to the relative position of the respective classes of officers, has taken the part of the officer who navigates and fights the ship, and virtually asserts that a surgeon, who has studied diseases and their treatment, is not competent, after long years of practice and experience, to decide whether a patient is restored to health or not. The Secretary says that the disobedience of orders complained of, was the result of a mistake of judgment in regard to professional rights and duties, rather than of a deliberate intention of wrong, and, therefore, mitigated the sentence. This decision, which is to the effect that the orders of the captain on medical subjects are supreme, involves an absurdity that, in the ordinary transactions of life, would at once be condemned.

MONUMENT TO GRAM.—At a recent meeting of the New York State Homœopathic Medical Society, a committee was appointed to take such measures as they might deem proper for the erection of a monument to the memory of the late H. B. Gram, M.D., the first to introduce the practice of Homœopathy into America. In view of this, the committee has gone earnestly to work in this very laudable effort, and have sent out circulars setting forth the object to be accomplished, and soliciting contributions, which, in order to allow all the friends of Homœopathy to have a part in the testimonial, have been fixed at the uniform sum of *one dollar*. When the subscription has been completed, a pamphlet will be prepared and furnished to each contributor, containing an engraving of Dr. Gram and of the monument erected to him, a sketch of his life

and the names of subscribers to the memorial. Drs. John F. Gray, L. Hallock, S. B. Barlow, B. F. Bowers, Carroll Dunham, and H. D. Paine, of New York; R. C. Moffat, of Brooklyn, I. T. Talbot, of Boston, Walter Williamson, of Philadelphia, George E. Shipman, of Chicago, and W. H. Holcomb, of New Orleans, constitute the committee. H. D. Paine, M.D., 229 Fifth Avenue, New York, is treasurer, to whom all subscriptions should be sent.

A ROBUST CONSTITUTION.—A physician in England has recently written to the editor of the *London Lancet*, asking for suggestions as to the proper mode of treatment for a patient afflicted with violent internal pains. The *physician* says he has already administered, without effect, Opium in various preparations, Belladonna, Cannabis Indica, Ipecacuanha, Asafœtida, Valerian, Chloric Ether, Chloroform, Bromide of Potassium, Quinine, Bebeerine, Iron, Zinc, Hydrocyanic Acid, Bismuth, Pepsine, Pancreatine, hot drinks, and other internal remedies. He had also *tried*, externally, galvanic currents, hot fomentations and cold cloths, hot baths, Mustard plasters, Croton Oil, and other blisters, and subcutaneous injections of Morphia, Atropine, Strychnia, and Caffeine. The patient who could take all these drugs with impunity, must enjoy a constitution as robust as that of Mithridates the Great, who, according to Pliny, could take the most violent poisons without suffering any evil effects. Mithridates, it is true, in consequence of the numerous conspiracies against his life, during his minority, commenced taking, at an early age, the then known poisons, in gradually increasing doses, until he had become accustomed to that kind of food; and the Englishman whose case is reported in the *Lancet*, may have followed the example of the King of Pontus. It has been suggested that abandonment of this treatment would probably result in the cure of the patient.

MARRIED.—At Hightstown, N. J., on September 15th, 1869, Wallace McGeorge, M.D., formerly of Philadelphia, and Miss Anna F., youngest daughter of the late Hon. Isaac Pullen. Dr. McGeorge is a graduate of the Homœopathic Medical College of Penna., and an esteemed friend and contributor; and we take this opportunity of offering our most sincere congratulations.

DR. JOHN ELLIS, of New York city, intends spending the coming winter in Jacksonville, Florida. The Doctor proposes to start on or about the first of November, and desires that his friends shall be apprised of his intention.

THE HAHNEMANN COLLEGE OF CHICAGO.—We have received a supplemental "announcement" from this institution, by which we are apprised that Drs. Beebe and Cooke have resigned; the former from the chair of Surgery and the latter from that of Practice. Dr. C. C. Smith has been called to the chair of Practice, and this appointment we know is an excellent one; while the chair of Surgery is now filled by Dr. Willis Danforth, who occupied a prominent position as a surgeon in the army during the rebellion, and the College considers itself especially

fortunate in its choice of an incumbent of this important chair. It has been deemed best to suspend, during the present session, the regulation requiring candidates to pass a preliminary examination. It is a pity, as this was a step in advance, which is thus retraced.

BERRIDGE'S REPERTORY ONCE MORE—In the October number of the *Medical Investigator* (No. 1, Vol. VII), just received, we notice that Dr. Angell, of Galveston, Texas, has proved to his satisfaction that Berridge's New Repertory, and the "Pathogenetic Cyclopedia," are one and the same thing. The ire of the Doctor seems to be excited because it is called a *new* repertory. We suppose it is called *new* because it is not old, and it certainly is as *new* as anything based on our *Materia Medica* can be. It is just the "few additions," which Dr. A. admits having seen, that make it new; just as the "few additions" to the *Materia Medica* of Hahnemann's time have made all the *new* books on therapeutics that have been written. The Repertory needs no apology, and is best defended by its acceptability to those who have tried to use it. We have submitted it to the *practical* test, and if Dr. Angell does not yet comprehend it, we are very sorry, as if he did, and would try to use it, he would no longer find fault with it, but would heartily indorse what Dr. Hering said about the first chapter: "We can now do more for the eyes than we could formerly."

And now, if Dr. Angell or the editor of the *Investigator* desire to carry this controversy still further, they will certainly "have it all their own way," as we do not propose to further encumber our pages with matter that is of slight interest and no profit to our readers; unless Dr. Berridge—from whom we have not heard for a long time—should wish to be heard; in which case it would be simply a matter of justice that he should be.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. MCCLATCHEY, M.D., SECRETARY.

THE Society met at the usual place, on Thursday evening, October 15th, 1869, Dr. Gardiner in the chair.

Dr. WILLIAMSON called the attention of the Society to the action of the New York State Medical Society, at its recent semi-annual meeting, looking to the erection of a suitable monument to the memory of Dr. Gram, who first introduced Homœopathy into the United States. The monument is proposed to be paid for by dollar subscriptions, by the professional and lay friends of Homœopathy. Dr. W. announced that he is a member of the Committee, to act for Pennsylvania, and would be glad to have the members of this Society co-operate with him in this laudable effort.

The minutes of the last meeting were read and approved.

S. HASTINGS BROWN, M.D., was proposed for membership by Dr. Guernsey, and, under a suspension of the rules, was elected a member.

The following resolution was offered by the Secretary, and unanimously adopted:—

“Homœopathic practitioners, *who are regular graduates in medicine*, and who are attending the medical schools of this city, are cordially invited to take part in the discussions of this Society, and are privileged to present papers for discussion by first notifying the Secretary of their intention.”

An elaborate and valuable paper on the homœopathic treatment of the disorders of first dentition was then presented and read by Dr. H. N. GUERNSEY.

On motion, a vote of thanks was tendered for the same.

Dr. B. W. JAMES, Scribe, then read his monthly report of current medical news of interest, in accordance with the resolution adopted at the last meeting, as follows:—

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

THE EXCESSIVE USE OF SUGAR A CAUSE OF STERILITY.—Prof. E. M. Hale advances the idea that this is true in women as much so as it is in the cow. He bases his opinion on the observations of Prof. Henry Tanner, of Queen's College, Birmingham, who thinks any animal may, by the use of bountiful supplies of sugar in its various forms, be rendered incapable of propagating its species. He adduces the evidence of a cattle-breeder, who added molasses to the dry food fed to his stock. Although they fattened and improved greatly in appearance, they became sterile, and he doubted that they regained their reproductive power after the molasses was stopped; due, he thought, to a fatty degeneration of the ovaries. In another case, molasses given to some heifers suppressed their periodical returns of restlessness. Dr. Hale says he has “observed in many cases that those women who were sterile were inordinately fond of sweets, confectionery, &c. We know that sugar conduces to adiposis, and that adipose women are generally sterile. Hence, in treating sterility, prohibit all kinds of sugar.” My own observation is, that young women, about puberty and subsequently, are excessively fond of acids, and have little or no relish for sweets, as if nature,—if the above views be true,—even to the appetite, prepared the female organism for reproduction. But how are we to explain the prolific reproductive powers of the negroes of the South, who grow fat on the use of sugar and molasses?

SICKNESS OF PREGNANCY —Jujube gum-drops, it is claimed, will ameliorate the sickness, heartburn, and acidity, with dyspeptic symptoms, that so annoy many women during pregnancy. The action is only palliative, however.

A NEW LIGATURE for ligating arteries is out, made of aluminum wire. Its cheapness, lightness, and flexibility are its recommendations.

URETHRAL SPECULUM.—A fenestrated glass reflecting speculum has lately been brought out (speculum exhibited). The opening along the tube enables the mucous membrane of the urethra to be seen as far as the length of the speculum allows, and, by turning it around, the circumference of the canal to that extent is seen. I would suggest a much longer instrument, and to be made of *metal* instead of glass, so that a more lengthened view can be had without fear of breaking the instrument, which might occur to the glass if inserted when cold into the warm urethra.

CURIOUS CHEMICAL EFFECTS.—If pulverized arsenic be sprinkled on some gun-cotton, a blow from some hard substance will explode the cotton; but if we put some metallic potassium, or the metal sodium, on the gun-cotton, it explodes without percussion.

REPUTATION VINDICATED.—Dr. Billroth, the noted ovariologist, of Vienna, recently entered suit against Dr. Bernard Kraus, editor of the *Allgemeine Wiener Medicinische Zeitung*, for publishing a falsehood; viz., that Dr. Billroth had neglected to remove a sponge from the abdomen in an operation of ovariectomy. Dr. Kraus was convicted, and had to pay the costs and one hundred florins, or in default thereof to suffer twenty days confinement in prison.

PAINLESS SURGICAL OPERATIONS.—Dr. Richardson, of England, proposes to make some of the operations in surgery painless by the use of a rapidly revolving knife. The class of cases to which this is applicable is necessarily very small, however.

DEATH FROM ETHER AND CHLOROFORM MIXED.—A case is just reported where a mixture of ether two parts to one of chloroform, was being administered to a patient in the horizontal posture, and when partially under its influence he became excited, raised up once or twice, and then the pulse and respiration instantly ceased, and the face became livid. The ordinary means of restoration, air, ammonia, artificial respiration, and galvanic battery, had no effect in restoring life.

HOMŒOPATHY IN CANADA.—A few years ago the practice of homœopathy was prohibited in Canada, but now homœopathic physicians have equal rights and privileges with allopathic, and the system is on an equal footing; homœopathic representatives to the Medical Council of College of Physicians and Surgeons of Ontario having been elected.

The discussion was then proceeded with.

Dr. JOHN C. MORGAN said he would like to add a few symptoms to those already recounted.

Cina. When the babe is being carried about, if not kept constantly roused, its head would fall from side to side. There seems to be an inability to maintain the head steadily.

Cuprum. The following symptom was mentioned to him (Dr. M.) by Dr. D. R. Gardiner, of Woodbury, New Jersey, viz.,—while the child clings and nestles to its nurse, it shrinks from every other person. This symptom had been referred to Stramonium, by Dr. Guernsey, but *Cuprum* had removed it when *Stram.* had failed.

Gelsemium. He had seen two symptoms mentioned under *Apis* and *Borax*, respectively, combined under *Gelsem.*, viz.,—sudden, sharp, shrill cry (*Apis*), and great horror of falling when being carried about (*Borax*), and combined with these, feverish drowsiness, with dark, flushed face.

Hyoscyamus. Great and obstinate naughtiness, without reason or cause; and, at the same time, a marked exhibition of jealousy. Had seen good results from *Hyos.* in *delirium tremens*, when the patient imagined persons were talking about him, saying, "There he is," "That's the fellow," &c.

Lycopodium. When in conjunction with the urinary symptoms mentioned, the child is cross all day and sleeps all night.

Nux moschata. Colic, which causes the child to straighten itself out on its belly, for relief (the opposite of *Colocynth*).

Rheum. Symptoms resembling those of *Ars.*, with this characteristic, given him by Dr. Temple, of St. Louis,—the pain is relieved so soon as the stool is passed.

Dr. HENRY N. MARTIN added *Phosphoric acid* to the list of medicines mentioned, and gave the following case illustrative of its use:—Child pale and wax-like in appearance; would not cry or speak; would turn its head towards him, not winking for a long time; had a peculiar melancholy countenance. The acid promptly afforded relief. The child had had diarrhoea, with green stools, which had been entirely suppressed by an Allopathist. After *Phos. ac.* was given, the green stools returned, and in three days they had ceased, and the child was well.

Dr. WILLIAMSON added one symptom to those given for *Phosph. acid* by Dr. Martin, viz.,—the frequent passage of large quantities of pale or colorless urine.

Belladonna. Particularly when the head is hot, with coldness of the extremities. In the "starting" of *Bell.* the child throws up its hands with the start. In Dr. Williamson's opinion, this was in consequence of the child feeling as if it was falling. He had noticed the symptom first in the case of a lady recovering from typhoid fever, who said that, whenever she closed her eyes and tried to sleep, she felt as though she were falling downwards through the bed. He had since repeatedly found that to be a true indication for *Bell.*

The disposition to knock the head against things, which had been mentioned under *Arsenicum*, he regarded rather as an indication for the use of *Bell.* Older persons, young ladies, for instance, when having headaches, with menstrual difficulties, often tell him they feel as if it would be a "relief to knock their brains out." Here he had invariably found

Bell. to be curative. The indication for *Ars.* seemed to be the disposition to strike the head with the hand.

He felt very greatly pleased with Dr. Guernsey's paper. He expected it to be able and exhaustive, and he had not been disappointed. He was of the opinion that this method of study would be that pursued by our ablest workers in the field of the *Materia Medica*. A series of monographs, containing the symptoms of drugs and their adaptation to the homeopathic treatment of the various forms of disease, in groups, as they are developed in tissues and organs, according to their symptomatology and pathology—the names of the diseases being retained simply for distinctive purposes—would be, in his opinion, most valuable to every practitioner, and a practical application of the *Materia Medica* that could not fail of bringing it rapidly towards that condition of perfection which we would all like to see it assume.

Dr. H. N. MARTIN.—It is well for us to give our failures as well as our successes. He had had a case in which the child knocked its head with its hands, and he had not been able to find the symptom in the *Materia Medica*. Other symptoms, however, led to *Arsenicum*, which was given in high and low potencies, but the child died.

Dr. J. C. MORGAN had found *Lachesis* and *Rhus tox.* indicated by the symptom, "sensation as if sinking through the bed." He had found it often to be a symptom during convalescence from typhoid fever. In regard of the subject of lancing of the gums, he would state that, at the recent meeting of the Chester and Delaware County Society, a member had stated that he had noticed deficient enamel in the teeth when the gums had been lanced.

Dr. RICHARD KOCH asked whether, if the symptom related by Dr. Morgan was one of convalescence, it was necessary to give any medicine for it?

Dr. MORGAN. Certainly. It was a troublesome symptom; giving much disturbance, and retarding convalescence; and hence should be removed as soon as possible.

Dr. RICHARD GARDINER said that symptoms during convalescence were sometimes as necessary to be removed as those during sickness. In his own case, when convalescing recently, he had been greatly troubled by a sensation as if he were slipping downwards in the bed, and it was with great difficulty that it could be removed.

Dr. H. N. MARTIN said that Dr. MAHLON PRESTON, of Norristown, Pennsylvania, reported that he had found *Muriatic acid* to be superior to *Hepar* in promoting suppuration. He used it in the 2^c potency.

Dr. RICHARDS, of Worcester, Massachusetts, said that he had proved *Glonoinum*, and had had the symptom of desire to strike the head, manifested in himself. He had cured a train of symptoms arising from difficult dentition, of which the above symptom was a part, with *Glonoinum*, 6th potency.

The Society adjourned at 10 o'clock.

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No. 5.

HEAVEN FOR HOMŒOPATHY.

An Historical Document.

BY C. HERING, M.D.

DR. K. F. H. MARX, Professor of Medicine in Göttingen, wrote a History of Toxicology, comprising two volumes, which was published in Göttingen, by Dietrich, in 1827 and 1829. In this work, one of the most astonishing stores of learning, the author coming to the period of the Middle Ages, calls the attention of scientific men to a work of 53 *volumes in folio*, published by the aid of the Roman Catholic Church, under the title:

Acta Sanctorum quotquot toto orbe coluntur, vel a catholicis scriptoribus celebrantur, a Jesuitis antverpensibus incredibili industria maximoque labore collecta, recensita, illustrata, atque edita. 1658.

This most astonishing and rich collection had never before been made use of for the history of medicine, and yet it contains many most important statements, nowhere else to be found.

Our learned author gives a number of quotations and extracts from the *Acta Sanctorum*, on pages 38-42 of his work; the quotations range from January to October, the *Acta Sanctorum* being arranged according to the days of the year. Among these quotations there was one of the

highest importance to us very much slandered Homœopaths, and was, therefore, communicated to George Allen, LL.D., of our city, Professor of Greek in the University of Pennsylvania.

Professor Allen, with his usual zeal in promoting the truth, and to do good, went to the only library in this city that had a copy of the rare collection of the *Acta Sanctorum*, and after overcoming the difficulty arising from an error in the quotation of Prof. Marx, handed us a much elaborated *historical introduction* and a translation from the work itself. We hope, and have a right to expect, that, by his influence, and that of some other influential men, we may get a photographic *fac simile* of the original manuscript kept in Rome since A. D. 787, when it was written.

HISTORICAL INTRODUCTION.

THE following extract is from the *Miracles of SS. John and Cyrus*,* which are appended to the *Life* of those saints in the famous collection of original documents known as the *Acta Sanctorum* of the Bollandists. The extract is found in the second volume for January, p. 1092. The *Life* is a Latin translation of an ancient Greek manuscript, existing at Rome, of which Cardinal Baronius gives some account in his Notes on the Martyrology.† The Bollandists remark (p. 1082), “*Whether this Life was written by that Peter, of whom Baronius makes mention,*

* These saints suffered at Alexandria, in Egypt, in the ninth year of the persecution by Diocletian, A. D. 295.

† *Acta ipsorum tam Græcis quam Latinis fuere notissima: habemus et nos ea in quinto, septimo, et decimo tomo antiquorum codicum MSS. qui aliquibus ecclesiis Romæ usui erant . . . in his ergo Acta prædicatorum Martyrum nacti sumus, auctore Petro quodam: rursus eadem invenimus in manuscripto codice S. Mariæ ad Martyres. . . . Habuit Sophronius Episcopus Hierosolymitanus præclaram orationem de iisdem Martyribus, quæ citatur in Concilio Nicæno secundo, act. 4.*

or by Sophronius, of Jerusalem, whose Panegyric of these same martyrs is cited by the Second Council of Nice [A. D. 787], or perhaps by another Sophronius, the associate of John Moschus, we know not. But this we seem to be authorized to assert, that the author (whoever he was), lived during the time of St. John the Almoner himself [whose life was written by his vicar, the second Sophronius above-mentioned], for he adds [to a certain statement concerning a transaction by Apollinaris, a predecessor of St. John the Almoner], ‘as I have heard,’ either from those who have been witnesses, or certainly by recent and common report. Apollinaris died A. D. 570, after sitting eighteen years.”* The *Miracles* of SS. John and Cyrus (the Bollandists remark, p. 1082), had evidently been recorded in early times, since some of them are cited in the Second Council of Nice, from a memorial composed concerning them. They give their reasons for believing that the account, which they translate from an ancient Greek MS., was written by the author of the *Life*. For the author of the *Life* (§ 1) professes that he was recording miraculous cures, of which he had himself been a witness: yet the *Life* contains no such record: it is inferred, therefore, that this book of *Miracles* constitutes such record, and forms the second part of the *Life*.†

* Eáne a Petro illo, cujus meminit Baronius, scripta sit, an a Sophronio Hierosolymitano, cujus in hos eosdem Martyres laudatio citatur à Nicænâ II synodo, an fortassis ab altero Sophronio Joannis Moschi socio nescimus. Illud videmur posse pronuntiare, vixisse (quisquis demum fuerit) ipsius S. Joannis [Eleemosynarii] temporibus auctorem illum: nam S. Eulogii meminit, cui Theodorus Scribon, huic biennio pòst S. Joannes successit, nec tamen diu pòst vixit, qui cùm ab Apollinari constructum gerontocomium memorat, illud addit, *ut audivi*, vel ab iis qui spectarant, vel certè famâ etiamtum recente ac celebri. Obiit Apollinaris anno Christi 570, cùm sedisset annos octodecim.

† Testatur enim in vitâ num. 1. se litterarum monumentis commendare res ab iis merificè gestas et miraculorum seu curationum paucas de multis, *quas nos ipsi*, inquit, *oculis hæc vidimus*. . . . Cùm ergo libro illo priore, qui vitam eorum complectitur, nulla ipsorum commemorantur miracula, sequitur illud de secundo libro esse accipiendum.

TRANSLATION FROM THE ACTA SANCTORUM.

X. Concerning *Theodorus*, who was commanded by the Saints to eat a *Scolopendra*.

18. *Theodorus* was suffering in the bowels, from disease, which he had contracted by eating noxious food given to him by wicked men.

19. But *Theodorus* being grievously distressed, inasmuch as his bowels were on fire through the eating of the burning poison, frequented the councils of physicians; and having left them once he would again return, and so go on visiting them and leaving them, although he plainly saw at length that they despaired of his case. Having perceived, therefore, that the efforts of the physicians gave way before the strength of the disease, and that there was no longer any hope of recovering his health by their means, he betook himself to the Martyrs, John and Cyrus, real and most powerful helpers, and, prostrating himself in their sacred edifice, waits for their assistance. And they, turning to him without delay, inasmuch as they saw that the violence of his disease was too great to be borne, present themselves to his sight, while he was asleep, and command him to eat a viper. But he, when he awoke, made the sign of the cross on his forehead, and ascribing the vision to an illusion of the devil, pays no regard to what was commanded. Nevertheless, the Saints appear to him again, in his sleep, in answer to his supplications and tears, and repeat their injunction, which he again disregarded, and did nothing of what they had prescribed, believing that the directions of the Martyrs proceeded from the wiles of the malignant demon, who was thereby inviting him to danger and destruction.

20. But when the Martyrs, presenting themselves a third time to the sight of *Theodorus*, were not able to induce him to yield to their will, then finally approaching

a fourth time, moved by a kind of incredible clemency and heavenly commiseration, they say unto him: "Since now for so many times thou hast refused to listen to our word, rise, at early dawn, and go forth to our well, and whatever edible thing thou shalt find there, eat it without delay:—without any doubt it shall be the security of thy health." When day had dawned, going forth, according to their direction, to the well, he eagerly devoured a small cucumber, which he found behind the doors [of the enclosure], but when he was about eating its extremity, and was quite taken with its sweet taste, he suddenly perceived that it was the remaining portion of a viper. Having thrown it, therefore, hastily upon the ground, he shuddered with horror, as if death were already present to him. But no danger of death had come upon him. For death having been put to flight, both health and life are bestowed upon him, which he would by no means have secured if he had not partaken of that deadly food. For straightway, partly through fear, partly from a disagreeable feeling, being forced to vomit, he threw up entirely all he had eaten of the viper together with the original poison, *the Saints not curing contrary with contraries, as mortal physicians are wont to do, but like things by the use of like. . . .** For they do not remove the diseases of their supplicants, being bound by the laws of physicians, *but being powerful through a heavenly decree, they apply a means of cure which is wonderful and evidently divine.*

* . . . Quidquid ex aspidē comederat una cum pristino veneno prorsus eiecit. Sanctis non jam *contraria contrariis, ut mortales medici solent, sed similia similibus usu curantibus.* NEQUE ENIM MEDICORUM LEGIBUS ADSTRICTI, suorum supplicum morbos levant, verum CÆLESTI DECRETO pollentes, CURATIONEM adhibent MIRAM PLANEQUE DIVINAM.

CARBOLIC ACID.

BY CHARLES H. HAESELER, M.D.

Acidum Carbolicum—Phenylic, or Phenic Acid.

ONE of the products obtained by the distillation of coal-tar, not identical, but homologous with creasotum ; is less odorous and less disagreeable and acrid in taste than creasote. The pure acid forms a colorless deliquescent crystalline mass when exposed to the atmosphere, but after a time breaks up again into the liquid form. It is freely soluble in alcohol, ether, and glycerine, but very sparingly so in water. Dr. Waring, in his *Practical Therapeutics*, says of its medical properties and action: "Escharotic, stimulant, rubefacient, and antiseptic. When given internally, it resembles creasote in its power of allaying some forms of vomiting and gastric irritability. Its powers as a disinfecting and deodorizing agent are very marked. A very small quantity added to stinking urine, or fetid evacuations, rapidly and completely removes all smell. Its antiseptic powers are no less striking. If it be added in very small proportion to freshly voided urine, it will keep it for many months in an unchanged state. In fact, it has a specific action on all organic and inorganic matter, and preserves it from putrefaction or decay."

Carbolic acid has been used internally by the allopaths, not only for gastric irritability and vomiting, especially that attending pregnancy ; but also for putrid and diphtheric sore-throats, for typhoid and low miasmatic fevers, dysentery, erysipelas, cholera, etc. It has also been extensively applied, in solution, as a topical remedy in various forms of skin diseases, such as eczema, impetigo, prurigo, scabies, and lupus ; and as a dressing in variously modified forms, for chronic ulcers, sloughing wounds, carbuncle, and cancerous sores, as well as hemorrhoids, fistulæ, and sinuses connected with carious bones. Surgeons speak

highly of it as a lotion for fresh cuts and abrasions ; and obstetricians praise it as a proper article for uterine injection, in anticipation of puerperal fever. In fact, so popular has the medicine become in latter days, that one can scarcely take up a single medical or surgical periodical which has not at least one article on the subject of this fashionable drug of the day.

In view of this great popularity obtained by carbolic acid, and with its chemical, antiseptic, and disinfectant properties so thoroughly established by such numerous and varied experiments, it occurred to me that the true worth and importance of the article might yet be discovered to rest in its homœopathic application as an internal remedy against disease.

With its real history of usefulness thus far admitted, the beautiful idea suggested itself, of an attenuated, vitalizing, chemical atom, whose chief function is to cleanse and purify, wending its way through all the avenues of the system, and diffusing itself over the entire blood-plasma; covering with its healthy influence every corpuscle, deodorizing every cell, and preserving every nucleus from undue corruption, in the inevitable progress of decay. However sanguine this may appear to others, to myself the result of several provings of carbolic acid, and extensive use of it in various forms of disease, has terminated in a firm conviction that its range of application is as wide as that of aconite or arsenicum ; its pathogenesis as distinct and well defined as that of ipecac or china. It is true that, thus far, my experience with the medicine has only extended to the low dilutions ; but I confidently expect to be enabled to establish in a future paper, its merit in the higher attenuations also.

Physiological and Toxical Action.

Carbolic acid has generally been considered as being almost, if not entirely, free from absolutely poisonous

properties ; that is to say, when taken in quantities not utterly unreasonable—quantities that one should think were almost impossible to be swallowed. F. Crace Calvert, who was one of the first to introduce this substance as a medicinal agent, says in this connection (see *Medical and Surgical Reporter*, vol. xix, page 489): “The great advantage which carbolic acid possesses over all other antiseptics is, that it cannot be used for any illegal purposes, as arsenic or corrosive sublimate may.”

Nevertheless, there are, unfortunately, several cases of fatal poisoning with this article on record. Thus, Mr. Capel Henry Berger, aged 28 years, an accomplished chemist, was found dead in his room on the 23d June, 1868. He was lying by the side of an elastic tube which was attached to a large jar of carbolic acid. He had evidently inserted the end of the tube in his mouth for the purpose of allowing a drop of the liquid to fall on a painful tooth. It appeared that the brass regulator on the tube did not act efficiently, and the volatile poison overcame him, and he fainted. Being alone in the room, the liquid continued flowing into his mouth ; the heart's action was stopped, and he died. In this case, no ante-mortem observations in reference to the action of carbolic acid could be made ; but other cases are reported by Dr. Joseph G. Pinkham (*ibid.*, page 491), from which it is inferred that the general action of the drug is that of a “powerful neurotic, causing trembling, convulsions, giddiness, headache, insensibility, a cold, clammy surface, a feeble, intermittent, rapid pulse, great prostration, and death.” One of the cases was that of a young lady who took an enema, as a *dernier ressort* for ascarides, in which 145 grains of the acid were suspended. “Alarming symptoms came on almost immediately, and medical aid being near at hand, reached her in a few minutes. When first seen by the physician in attendance, she was in the act of falling from her seat to the floor. She rapidly became convulsed, delirious, and finally nearly or quite insensible. The surface was cold

and moist, the pulse weak and flickering, pupils contracted, and breathing stertorous. In about fifteen or twenty minutes, *a copious flow of limpid, colorless urine came on*, which lasted several hours. The amount of the urine was enormous, though no measurement was resorted to. Its odor was slight, but peculiar, not that of carbolic acid, nor that of normal urine." Upon injections of milk, and the free use of stimulants, this patient recovered.

CASE 2. Reported by Mr. Frederick Sutton, in the *Medical Times and Gazette* for April 25th, 1868. S. C., aged 43, took, instead of a dose of black draught, one ounce of carbolic acid, which was kept in the wards for disinfecting purposes. Seen within five minutes after the poison was taken. She was reclining in a chair, insensible; pupils contracted; face blanched, and bathed in perspiration; pulse 100 per minute, feeble and very intermittent; respiration stertorous, and smelling strongly of the fluid. There was slight lividity of the lips and tips of the fingers. She rapidly became worse, and died within an hour and a half after taking the poison, the body becoming much swollen before death. Spasmodic stricture of the œsophagus prevented the patient from swallowing, and caused great difficulty in introducing the tube of the stomach-pump.

CASE 3. Reported by Professor Taylor, in the *Guy's Hospital Reports* for 1868. A child aged one year and nine months, swallowed two teaspoonfuls of the ordinary dark-colored acid. (It is difficult to conjecture how the child could be made to swallow the second spoonful.) It was seen ten minutes after the poison was taken. When admitted into the hospital, the child lay in its father's arms, insensible to all external objects; but in a short time it recovered itself. The pupils were contracted and insensible to light; pulse 120 per minute, and very weak, could be counted with great difficulty. There was a strong tarry odor to the breath. The respiration was much impeded. The surface was cold and clammy; the face pale,

and covered with cold perspiration. The little patient died at the end of twelve hours.

CASE 4. Reported by E. S. Machin, Esq., in the *British Medical Journal* for March 7th, 1868. Three persons in the work-house were dressed with carbolic acid instead of sulphuric lotion, for the itch. The patients were women, aged respectively 23, 60, and 68 years. The acid had been applied to the entire surface. A few moments afterwards they complained of headache, after which they were taken with giddiness, and rapidly became insensible. The girl aged 23, and the mother aged 60, died in the course of forty hours. The third patient rallied in about four hours, and recovered after a few days. About six ounces had been used in dressing the three cases.

One of the most replete treatises upon the subject of this drug which I have thus far seen, was contributed by Henry William Fuller, M.D., of St. George's Hospital, to the *British Medical Journal*. With a view of testing its value as an internal remedy in the treatment of disease, he determined to administer it experimentally in various cases at St. George's Hospital. He says: "My first object was to ascertain the maximum dose in which it could be taken without inconvenience; to note the symptoms, if any, produced by full doses; to determine its action on the pulse and the secretions; and to observe whether any evidence could be obtained of its cumulative action. Never having given it internally before, and never having heard of its having been administered in more than two-minim doses, I began by the exhibition of two minims dissolved in a drachm of glycerine and eleven drachms of water. Finding that no appreciable effects resulted from that dose, I added one minim to each dose on alternate days, until the patients were either unable to swallow a stronger dose, or complained of unpleasant symptoms. The disagreeable symptoms produced by full or over full doses were, firstly, a sense of burning in the throat on swallowing the draught; and secondly, a giddiness and

fulness, or peculiar feeling in the head; a feeling which occurred in some persons within two minutes after taking the acid; and in others not until the expiration of six or eight minutes. In some persons this giddiness passed off in ten or fifteen minutes, and in others lasted nearly an hour. When the giddiness was severe, there were in some instances cold, clammy perspiration, and feeble pulse."

He found also that the exhibition of from four to six minims was followed by the production of a greenish tinge in the urine, and the disappearance of all deposits of lithates. The intensity of the greenish tint varied considerably, according to the dose that had been taken; and so powerful does carbolic acid act as an agent in clearing the urine of lithates, that he thinks it will operate with tolerable certainty in cases in which moderate doses of alkalies fail altogether in checking the deposit. He neither found it, however, to increase or diminish the quantity of urine secreted, nor that it exercised any influence on its specific gravity.

Provings, or Experiments.

I had never used the medicine in any form up to the 21st of June last, when I dissolved one drop of the pure acid in about twenty drops of glycerine, diluted this with water, and took it.

Temperament may be designated as the nervo-sanguineous, and with the exception of an attack of rheumatic fever, two years ago, and occasional spells of sick headache, have always been in good health; with the temporary exception also, that for some time previous to taking the carbolic acid, my bowels had been unusually constipated, and their motion was attended by considerable tenesmus, with some indications of impending hemorrhoids.

The medicine to my taste was disgustingly sweet, and immediately followed by a feeling of intense nausea, which continued with but little abatement for nearly an hour, and until I had drank several copious draughts of water.

Further than this, I experienced nothing for three hours ; when I took five drops of the pure acid, in the same manner as at first.

Again the nausea followed, more intense proportionately as the dose had been greater, and almost reached the point of vomiting. Soon I experienced a heavy weight in the epigastrium, as though burdened with flatulence, with a constant inclination to relieve myself by fruitless endeavors at eructation, or by pressing the hand into the pit of the stomach. There was a hypersecretion of saliva, and I could not help spitting all the time, the spittle having a bluish-white, frothy appearance. Had a dull pain in the right side, over the region of the liver, and in the back, across the fifth, sixth and seventh dorsal vertebræ. Withal this was a feeling of languor, enervation, indisposition to attend to professional duties, and drowsiness, with uncomfortable feeling of fulness in the head, varied occasionally by a passing pain through the forehead, or right or left temple ; also a tickling, irritating sensation in the upper part of trachea and fauces, which excited an occasional short, hacking, dry cough. These symptoms gradually subsided ; and in the evening, about eight hours after taking the last dose, had a copious and consistent stool, entirely free from pain, though it will be remembered the stools had been constipated and painful for some time previously. Slept soundly all night, and awoke greatly refreshed in the morning.

About an hour after breakfast, I took *ten* drops of the acid, prepared as before. Soon all the previous symptoms were reproduced in an aggravated form, especially the feeling of sickness about the stomach, and the pains in the head, which were of a sharp, darting, neuralgic character, changing their situation from one side to the other, affecting the eye of the painful side so much that it was difficult to keep it open. Felt muddled and confused, and could collect thoughts only with an effort.

On the following morning, before breakfast, I took

twenty drops of the pure acid ; and beg leave to be understood that *that* is about as much of this medicine as I care about taking again at a single dose. In a little less than three days I had now taken thirty-six drops of carbolic acid, that had from the original crystallized state become broken up into the liquefied condition. For about two days subsequently, my feelings represented a first-class type of acute dyspepsia. Shortly after taking it, my head was swimming, and I felt as if staggering like a drunken man ; brain felt confused and painful ; neuralgic twitching in the eyeballs and through the temples ; felt like rubbing my head and eyes constantly ; want of acuteness in thinking ; loss of memory ; could not concentrate my mind upon anything ; a feeling of sadness, with disposition to sigh and yawn.

There was a sinking feeling all over the abdomen—a feeling of goneness, with yet a heavy weight about the stomach ; constant disposition to rift up, but could not ; feeling of constriction about midway of the œsophagus ; while eating a little breakfast, felt every now and then as if I had to get up and vomit ; an aching feeling over the right hypochondrium and along the back. Had also a draggy sensation about the lower extremities, which occasioned a little unsteadiness in walking. In a more or less miserable and depressed condition I passed the greater part of two days, and not a little frightened with the suspicion that I had permanently injured my health by an excess of the acid. Meanwhile, the stools were free and comfortable, at intervals of twenty-four hours ; all tenesmus and disposition to piles having entirely vanished. Sleep was also profound and refreshing. Except in respect of these latter two points, my condition had been one of a thorough dyspeptic.

Second Proving.

Administered six drops, as before, to a friend, Mr. X. Y., without saying anything to him about the matter, except that I wanted him to tell me how he would feel in

the next two hours. My friend is 39 years of age, of nervo-bilious temperament; is exceedingly practical in all his ways and thinking; has been in poor health, from pulmonary weakness, but is now in excellent condition. He frequently passes an evening with me from eight to eleven o'clock; it was on one of these occasions that I gave him the medicine.

Directly after taking it looked rather displeased; thought it a practical joke that he did not relish greatly. Complained of a horrid taste, which he designated as pungent and metallic; insisted on taking something to disguise it, or he would surely throw up. Gave him a glass of water, and afterwards a sup of whiskey, which latter somewhat mollified his anger. We entered into conversation on a different subject; but he soon broke out again with: "Confound that stuff! I can't get the taste out of my mouth; makes me feel sick and squally all over." Later in the evening, complained of confusion and pain in his head, pain located over the right eye; pain and a dragging feeling in the stomach and low down in the abdomen; a compressed feeling across the lower end of the sternum; noticed that he yawned now and then, and took long inspirations; wanted to smoke a cigar, and thought that would relieve him; but I requested him not to do so, and he acquiesced. He complained afterwards of the heat and closeness of the room, though that was airy, and the thermometer at 70° F. Notwithstanding this feeling, his pulse was normal. Said he felt as if he had eaten too much, and was suffering in consequence thereof; thought a little more whiskey would do him good—just felt that way, but didn't want it. I may say in parenthesis that his habits are perfectly temperate. Complained of a choking feeling in the throat, with a disposition to hawk up phlegm. Appeared morose and much less brilliant in conversation than usual; became drowsy, said he felt mean, and left for home before his usual time, in spite of my endeavors to detain him.

Saw him the next day, when he told me that he had slept soundly all night, and was in his usual condition in the morning ; but added, that after leaving my house in the evening, he felt a good deal of pain in his back and right side, and did not get rid of the sick feeling in his stomach until he fell asleep.

Third Proving.

My little daughter, aged 11 years, having hurt her ankle, was obliged for a few days to keep the bed or sofa. As she was perfectly well in all other respects, I gave her four drops of Carbolic Acid, in order to note as well as I could the result. She was under the impression that it was medicine for her sore leg, and nothing was said to her to the contrary. Directly after taking it, she complained of a very sharp taste, said that her tongue burned and tingled, and felt as if a thousand pins were sticking it. Had a great deal of nausea ; shuddered and shook her head, made wry faces, spat frequently, and gave other evidences of sickness of stomach. Allowed her to drink cold water, and left her for an hour. On seeing her next she immediately exclaimed : " Papa, what did you give me that nasty medicine for ? I'm sure you don't give other people such stuff as that ! It hurts my head awfully." " Nonsense, child, what makes you think it is the medicine that hurts your head ?" " Well, I'm sure I never had such a headache before ; it's just as if somebody was jaggling a sword in and out all around my head, and I can hardly keep my eyes open, and the least noise makes my headache worse. Don't walk up and down the room that way, please, for it hurts me ; and please, papa, close the window-shutters, the light pains my eyes." About noon her mother came into the office to tell me that our child complained of a great deal of pain in the stomach and right side, and could not eat any dinner, though she had ordered it an hour before. Went into her room, found her flurried and feverish, her pulse at ninety per

minute. She placed her hand over the right hypochondrium, saying that it pained her; also felt pain lower down in the iliac region of both sides. Her head continued to ache, and she wanted to have a bandage tied tightly around it. Her bowels were moved towards evening, and I remarked that the evacuation, though copious and consistent, was almost inodorous. She had felt sleepy all the afternoon, she said, but could not fall into sound sleep. In the evening, however, she fell asleep, and the next morning was quite as well as usual.

Fourth Proving ; Medicine Attenuated.

I now gave her a teaspoonful of the third decimal dilution of *Ac. Carbol.*, feeling satisfied that her susceptibility to the medicine would show itself when taken in this form. I was not mistaken, for she experienced, I will say to my delight, the exact symptoms of the previous day, and not in the least diminished in intensity. She was in a perfectly healthy condition, with the exception of the local difficulty (a sprain of the ankle) before mentioned; and her impressionability to all manner of extraneous influences being generally very acute, I could not doubt that it was the medicine which now affected her. There was the same spitting and nausea, and complaint of pain and sickness of the stomach; of pain and fulness in the head, but which seemed to locate itself especially over the right eye; of pain and soreness in the right side and iliac regions. There was this difference, that whereas, upon taking the strong dose of the previous day, her bowels had been only once and consistently moved, she now had a diarrhœa, having three watery evacuations within a short space of time, accompanied with pain and sick stomach; and whereas she had felt drowsy, without however being able to fall asleep, she now soon lapsed into a sound and quiet slumber; and when she awoke, which was in two and a half hours, all influence of the medicine seemed to have passed away.

(To be continued.)

CURARE.

(From the *Nouvelles Données de M. M. H. et de Toxicologie* par
Dr. L. T. Houat)

TRANSLATED BY S. LILIENTHAL, M.D.

(Concluded from page 147.)

Severe and dry cough.

Hollow cough with rattling and expectoration of mucus, coming as it were from the base of the chest.

Fatiguing and spasmodic cough, as in whooping-cough.

280 Deep and wheezing cough, as if coming from the bowels.

Violent cough, shaking the whole body, provoking vomiting and frequently fainting.

Sensation of dryness and of rigidity of the mucous membrane of the respiratory organs, as if it were of parchment.

Cough aggravated by fresh air, laughing, motion, change of weather, after eating, when hungry, in the morning, evening, and at night when going to bed.

Catarrhal cough, with coryza.

285 Expectoration yellow, gray, greenish, blackish.

Spitting and vomiting of clear blood, often without cough.

Inflammation and tuberculization of the lungs.

When coughing, shaking of the abdomen, burning and tearing in the chest.

Heaviness of the heart with severe palpitations.

290 Lancinating and distensive pains in the region of the heart.

Great dyspnoea.

Painful points all over the right side of the thorax, with sensation of swelling and pleuritic exudations.

Anorexy, but the appetite returns by eating.

Bitter, sour, metallic and bloody taste in the mouth.

295 He wants to drink a great deal.

Desire for water and sweet drinks.

Repugnance to bread and vegetables.

He loves to eat meat.

Desire to drink at every mouthful, to wash the food down, which stops in the oesophagus.

- 300 Morbid hunger, with fever and fits of fainting.
 Hunger, even after eating heartily.
 Constant sensation of emptiness and of hunger in the stomach.
 Although eating only a little, severe pains in stomach, so that it twists him all up.
 Strange movements and agitation in the stomach.
- 305 Desire for wine and for milk, which make him feel unpleasant.
 Disgust for brandy and strong liquors.
 After eating, pressure, burning, stitching, gurgling in the stomach, eructations and frequent vertigo, desire to vomit, and vomiting, with pain in the loins and diarrhœic stools.
 Frequent bitter and burning eructations.
 Regurgitations, sometimes bloody and purulent.
- 310 Regurgitations, which eases the pains for the moment.
 Pinching, burning, pulsating pains in the stomach, as if he had a tumor.
 Great sensibility of the epigastric region.
 Vomiting of everything he takes.
 Obstruction and paralysis of the stomach.
- 315 Vomiting of food after eating, with hiccough and impossibility to remain seated.
 Nausea and salivation, with vertigo and buzzing in the head.
 Pyrosis and vomiting of sharp and burning matter.
 Sensation of a large ball in the stomach, with nausea and very fatiguing hiccup.
 Cramps and colics in the stomach, with vomiting and coldness of the extremities, especially in the evening and at night.
- 320 Stitches going from the stomach to the back and followed by atrocious cramps.
 Bilious, bitter, yellowish or grayish vomiting.
 Puitous and bloody vomit.
 Vomiting of decomposed food mixed with blood and bile.
 Sensation as if the stomach were held in a vice.
- 325 Vomiting, accompanied by cough and involuntary stools.
 Sensation of shivering, starting from the stomach, and spreading over the whole body, especially in the afternoon.

- Pressive and pulsating pains in the region of the liver.
Sensation of uneasiness and of dulness in the liver.
Engorgement of the liver, with prickling sensation.
- 330 Lancinating, piercing and tearing pains in the liver, especially on motion.
Painful spots and cramps in the hepatic region, especially afternoon.
Abscesses and concretions in the liver, with prickling and lancinating pains, as soon as he moves.
Sensation as if the liver were raised and pressed towards the heart.
Enormous swelling of the liver, with general dropsy.
- 335 Burning and lancinating pains in the abdomen.
Swelling and bloatedness of the abdomen.
Movements and shaking in the abdomen, as if something alive was there.
Burning in the intestines, and excruciating colic, forcing him to bend over and to press his stomach.
Borborygmi and gurgling in abdomen, with large quantities of flatus, which is incarcerated, and constipation.
- 340 Burning colic, as when a hot iron passes through the bowels, with severe bilious and infectious diarrhœa.
Hydropic swelling of the abdomen.
Sensation as if one received blows all over the abdomen.
Pressive and lancinating pains in the spleen.
Sensation of swelling and of paralysis in the spleen.
- 345 Burning in the intestines, as if from urticaria.
Stools hard, large, and evacuated with difficulty.
Stools semi-liquid, brownish, of very bad odor, with smarting pains in anus after stool.
Stools yellow, or bloody, or of undigested food, with burning heat in the bowels.
Diarrhœa, with inflammation of the intestines, colic, nausea, and vomiting.
- 350 Excessive urging to stool, with little result, in spite of great labor.
Stools whitish, liquid, choleraic, with cramps in the stomach.
During stools, the sensation as if the anus closed up, with beating in the rectum and temples.
Prolapsus ani.

- Blind hæmorrhoids, with burning, lancinating pains in anus, and diarrhœa.
- 355 Flowing hæmorrhoids, with constipation, itching and stitching in the rectum and anus.
 Very copious hemorrhage per anum, even when not defecating.
 Pimples and abscesses in ano.
 Indurated and fistulous tumor in perineum.
 Pains of excoriation in the anus, as if all the skin were taken off.
- 360 Very painful hæmorrhoidal tumors, with agitation, ill humor, and weakness.
 Great heat, accompanied by digging pains in the kidneys.
 Pulsative, pressing, lancinating, and piercing pains in the kidneys.
 Sensation of engorgement and of congestion of the kidneys.
 Cramping pains in the kidneys, with vesical tenesmus and bloody urine.
- 365 Aggravation of all the pains in the kidneys by motion.
 Inclination to urinate; he cannot hold his urine without feeling sick.
 Inclination to urinate, with strangury and fainting fits.
 Sensation of fulness in the bladder, with distensive and lancinating pains, or burning, tearing, or cramping.
 He has to twist and to move constantly his legs during the pains in the bladder.
- 370 Urine cloudy, thick, and oily, sometimes with streaks of blood.
 Urine dark, or white and viscous.
 Urine with tenesmus, colics, cramps in the jaws and the legs, and trembling over the whole body.
 Obstinate retention of urine, with stitches and pulsations of the bladder, as if she had bruised herself.
 Urine nearly always difficult to pass, thick, and in small quantity.
- 375 Urine clear and frequent, with digging pains and cramps in the kidneys; shooting in the stomach, dry tongue, and great thirst, especially in the evening and at night.

- Diabetic urine, with great emaciation.
Urging to urinate, accompanied by dysuria and nausea.
Burning and tearing pains in the canal of the urethra during emission of urine.
Aggravation of the pains when riding in a carriage, or walking, after taking wine, brandy, or milk.
- 380 Prostatic discharge after urinating.
Intense smarting in the neck of the bladder and the canal of the urethra, while passing some drops of yellowish mucus, which stain the linen.
Blennorrhagic discharge, abundant, yellow, green, and even bloody.
Burning, lancinating, incisive, and bruising pains in the urethra.
Intense blennorrhagia, with chordee.
- 385 Orchitis accompanies frequently the blennorrhagia.
Penis red and swollen.
Pimples change to chancreous ulcers, especially on the prepuce.
Herpetic eruptions; the crusts on them renew themselves constantly.
Descent of the testicles, with the sensation as if an inguinal hernia would break through.
- 390 Complete absence of venereal desire in spite of violent erections.
Coitus is not enjoyed, and ejaculation slow.
Venereal desire, but the erection fails.
After coitus, weakness, languor, and desire to lie down.
Frequent and debilitating nocturnal pollutions, with great laziness, and he is obliged to sleep a long while.
- 395 Abundant secretion of smegma behind the glans.
Strong odor of the genitals.
Burning miliaria on the penis.
Distensive pains in the ovaries and uterus.
Shooting in the ovarian region, with desire to press on that region.
- 400 Inflammation and swelling of the womb, with pinching, burning pains, and as if it was pierced by needles.
Shooting and digging pains in the womb.
Ulcerations on the os uteri.

Menses very capricious, either too soon or too late.

Menses mostly too soon.

405 *Metrorrhagia.*

Venereal desire, with furor uterinus; heat, itching, and burning in the vulva.

Menses very copious, and too late.

Menses too soon, weak, and not lasting long enough.

Before menses, burning and contractions in the uterus.

410 *During the menses, colic, headache, pains in the kidneys, general malaise and hypochondry.*

Vaginitis, with great smarting in the vulva and thighs.

Leucorrhœa scanty, thick, purulent, in clots, and foul-smelling.

Abortus.

Sterility.

415 *Inflammatory swelling of the mammæ.*

Large abscess of the breast.

Shooting, piercing, pinching, lancinating pains, going from the breasts to the armpits.

Hard tumors, like scirrhus, in the breasts.

Ulcerations and fissures of the nipples.

420 *The skin feels cold.*

Tickling of the skin, so that he wants to rub it all the time.

Small, hard pimples, itching and burning, on different parts of the body.

Excessive emaciation.

The skin yellow, gray, always pale.

425 *Insupportable burning and itching over the whole body, as if he had been attacked by thousands of insects.*

Stiffness and insensibility of the skin.

Red and hard tumefactions, which crack and suppurate.

Malignant ulcers in different parts of the body.

Desquamation of the skin, especially on the legs.

430 *Pustular eruption, especially on the abdomen, with headache and fever; furuncles on the back renew themselves constantly, and suppurate freely.*

Wounds heal very slowly, and become easily gangrenous.

Many subcutaneous and very painful pimples.

The skin sickly and easily affected ; just by leaning against something, the skin of that part itches, burns, and turns red.

435 Ecchymosis, phlyctænæ, pemphigus.

Urticaria and miliaria with fever, chills and heat alternate.

Scarlatina.

The skin excessively sensitive to the heat ; also to the cold and the air.

Scabies.

440 Herpes squamosus.

Livid and bluish spots, as after being struck.

Brown skin.

The skin frequently inflames, turns red, breaks easily, and bleeds.

Oozing of blood through the pores of the skin, with great restlessness and fear of death.

445 The skin swells from the least effort, and sweats easily.

Erratic and phlegmonous erysipelas, followed by incessant furuncles and abscesses.

Swelling of the skin nearly every evening.

The skin red, coppery, and violet around the ulcers.

Spots of different shades checkering the skin.

450 Paralysis of the epidermis.

Aggravation of the sufferings of the skin by cold and great heat.

Insurmountable sleepiness, and deep sleep during the day, especially in the afternoon.

Sleeplessness at night, or restless sleep, with frights, cries, speaking, sighs, starting.

Sleeplessness, especially after midnight.

455 Comatose sleep, or he has the eyes open, and hears the noise around him.

Late sleep and awakens early.

Coma vigil ; somnambulism.

Fits of ecstasy during the night, produced by melodies, to which he listens.

Frightful dreams ; he believes himself pursued and menaced ; he is frightened ; screams ; tries to defend and to hide himself.

460 Dreams of fire and incendiarism.

Dreams of the day's business.

- Fever; heat, especially in the head, on the back and legs; agitated pulse, great thirst, and weakness.
 Chills begin in the abdomen and extend over the whole body, icy-cold sweat, convulsive movements of the extremities, and faintness.
 Increase of the fever at night and in cold weather.
- 465 Fever, with thirst and great hunger, yawning, and uneasiness; heat of the head and hands; fits of spasms and of fainting.
 Fever, with general heat, agitation, jactitation, delirium, closing and grinding of teeth, severe cramps, desire to bite, fear of everything which shines or stirs.
 Fever, with congestion and excessive heaviness of the head, burning and shooting in the articulations, general lassitude, nearly continual delirium, black mouth, foaming and convulsed.
 Quotidian fever, commencing at two or three o'clock in the afternoon, and continuing well into the night; burning heat, accompanied by partial and transient chills; incoherent speech, great prostration, and often paralysis of the extremities.
 Chills after repast, and in the afternoon.
- 470 Pernicious fever, with continual chilliness.
 Cold and bloody sweat, especially at night.
 Irregular pulse, sometimes intermittent, and nearly always hard.
 Decrease of the fever towards morning.

KEY-NOTES; OR, CHARACTERISTICS.

BY HENRY N. GUERNSEY, M.D.

(Continued from page 102.)

Calendula.

THIS medicine may be used with confidence in all recent torn or incised *wounds*. Many years since I was called to dress a wound on the back of a hand, which had been caused by a grindstone in rapid motion. The flesh and tendons were so much torn that the extensor muscles were inoperative; the tendons appeared to be severed, and the

fingers were closed. I extended the fingers and placed the hand upon a board, applying lint to the extensive laceration, which was kept thoroughly wetted, day and night, with a solution of Calendula in water. This was continued for eight or ten days ; at the end of which time the wound had healed, and the fingers could be freely flexed and extended. I have often seen suppuration and even sloughing resulting from mechanical injuries, rapidly arrested by the application of Calendula, sometimes accompanied with its internal administration. In a case of labor, with instrumental delivery, where Drs. Williamson, Kitchen, and myself, completely exhausted our strength in successive efforts ere we could accomplish extraction, the patient had, on the second or third day after delivery, a profuse offensive watery discharge from the vagina, with great exhaustion. I feared gangrene had resulted from the mechanical pressure, and prescribed Calendula, in water, a teaspoonful every hour until my next visit, when I found her feeling quite different, and much stronger, and she made a rapid recovery. All similar cases I treat with Calendula, and have done so for years. All constitutional symptoms, as chills, fever, headaches, &c., resulting from mechanical injuries, are promptly relieved and removed by this remedy. I consider it to be of the utmost value after most surgical operations, to promote healthy granulation, and to prevent or arrest gangrene. I have even applied it in old and neglected wounds, which were full of maggots, and it promptly dissipated putridity, and established healthy granulation.

Camphora.

A very prominent indication for the use of Camphor is, *great coldness of the surface* without the usually accompanying change of color, and at the same time a desire to be uncovered. For instance: A few years back I attended a bad case of typhus ; the patient was delirious night and day ; every night she would have a cold spell of a few

hours' duration, during which her skin would feel as cold as marble to the touch, and yet her color was unchanged, and she would not allow even a sheet to cover her while the cold spell lasted. On recovering her warmth of surface she did not object to light covering. This was the most peculiar and characteristic symptom of her case, and camphor seemed to be suited to it. I therefore gave a single dose of Camphor 20^m, in the morning. A rapid recovery was the result without another dose of medicine being given, excepting, at a few weeks afterwards, when she complained of a mental symptom—the sight of a knife excited thoughts of suicide—a dose of Alumina was given with curative effect.

Influenza, when during the stage of invasion the patient feels cold and chilly, and body and mind seem in a like depressed condition.

Catarrhal affections, with headache, resulting from sudden changes of the weather.

Diarrhœa, with colicky pains, with chilliness and sensitiveness to cold air.

Camphor is a valuable agent to arouse the depressed vital energies, particularly when a deathly paleness characterizes the depressed condition.

Coup-de-soleil, or inflammation of the brain arising from exposure to the sun.

A valuable group indicative of Camphor is, pale face, the eyes closed at first, and later staring and looking upwards. A wild, staring, unconscious look is indicative of the remedy.

Trismus, with pale and cold surface. Burning thirst, not mitigated by drinking.

Cramps in the calves; coldness of the body to the touch, but does not wish to be covered; anguish and burning in the œsophagus and stomach; a great deal of burning heat in the region of the stomach.

Camphor 2^c, in water, repeated every hour or two, is unquestionably the best remedy in those cases in which an

over dose of the drug, in its crude state, has produced great nervous excitability, constant jerking, twitching, and trembling, sleeplessness, delirium, burning thirst and great heat. It has been my experience in such cases, that after the administration of Camphor, as above, the patient soon becomes more calm, and sleeps, when the medicine should be discontinued, or repeated at longer intervals. I do not regard this prescription as Isopathic, but in strict accordance with the principle of similars.

(To be continued.)

VACCINATION.

BY W. WILLIAMSON, M.D.

(Read before the Philadelphia Medical Society, Nov. 11, 1869.)

THE operation consists in inserting a portion of vaccine virus under the cuticle of a human being. The spot generally selected in this country is the left arm, directly over the place of insertion of the deltoid muscle. This spot is recommended because it is easily accessible, is but little in the way while the arm is sore, and the mark left, being always found in the same place in different persons, would not be so liable to be confounded with the scar from a burn or other accidental causes, as if it were found in other parts, without any agreement as to place among physicians.

Vaccine virus, as the name implies, is obtained from the cow. It is collected from the vesicles or pustules on the udder, in the disease called cow-pox. It is not now usually taken immediately from the cow, but carried forward from one human subject to another, in succession. Although not essential to the continuance of its prophylactic powers, it is recommended to be started fresh occasionally from its source in the cow-pox vesicle. The virus may be taken from the vesicle in the limpid state, or from the scab formed by the drying up of the vesicle.

Formerly, especially in Europe, the method generally adopted of vaccinating children was, to take the virus from a vesicle on the seventh or eighth day, and having several children present, pass it from arm to arm. But now the fluid is collected on pieces of quill, threads, or between glasses, and suffered to dry, so that it can be carried from place to place, and again prepared for use by softening with a little water. In this country the common method of preserving and transmitting vaccine virus is by means of the scab or crust.

As convenient a method of performing the operation, and quite as effectual as any other, is to have two pieces of glass of convenient size, say an inch and a half square, fitted together for the convenience of carrying the matter between them; on one of these pieces of glass, rub down a portion of a vaccine crust with the addition of a drop or two of water, to the consistency of cream; then put a portion of this matter on the arm, at the place selected for the operation, and with a sharp-pointed lancet prick through the matter and the cuticle several times, nearly in the same place. It is not necessary to scarify the arm or make it bleed. When performed in this way the operation causes very little pain, and I believe the virus is more certain to take effect than by any other plan. I have often vaccinated children when they were asleep, without waking them. Allow ten minutes for the moisture on the arm to dry, and no further attention need be paid to it until the vesicle begins to form. No bandage or adhesive plaster to protect it is necessary. Other methods are practiced by different physicians—some are good, and some are barbarous. A number of very ingenious instruments for performing vaccination have been invented in Europe and America; the best of which, that I have seen, is the one by our colleague, Dr. Minton, of Brooklyn.

The little wounds made by the lancet heal up in two or three days, and the scale of dried matter from the opera-

tion usually falls off before the specific inflammation caused by the virus begins to appear.

On the fifth or sixth day after the insertion of the virus, a small red point at the place of contact may be observed, which goes on increasing in size; on the seventh day a small vesicle is presented, which, the next day, is enlarged, with an elevated margin, and has a depression in the centre. After the eighth day the areola forms around the vesicle, increasing in size to an inch or inch and a half in diameter, covering the induration which forms beneath the skin. Some time between the seventh and ninth day, slight fever of a few hours continuance, characterized by a little restlessness, is apt to arise. The fever generally takes place and passes off before the local inflammation gets to its height. Sometimes a little glandular swelling in the neck and axilla of the affected side is observable, which usually subsides in a day or two. On the eleventh or twelfth day the areola fades, and the swelling beneath the skin leaves; the lymph in the vesicle dries into a reddish brown or mahogany colored crust, which loosens first round the edges, and finally comes off about the seventeenth day. The crust retains its power of propagating the disease, when properly kept from the air, for two or three months. One of the best ways to keep it from losing its virtue is, to wrap it in waxed paper and then enclose it in tinfoil. Some say they have kept it good for a year by sealing it hermetically in glass. I have tried it, but never succeeded.

The cicatrix caused by vaccination presents a peculiar appearance. It is circular in shape, a little depressed, about five lines in diameter, and on its surface has a number of little pits (Schœnlein says five). Hahnemann recommends a dose of sulphur, 30th, to be given on the ninth day.

The operation of vaccination gives but little pain, the disease runs its course in a few days, causing but little suffering while it lasts, and is attended with no danger to life. The constitutional symptoms are so slight, that

they very seldom require any medical treatment, and the only local attention necessary is care to guard against mechanical injury. Notwithstanding the trifling character of the disease, it is fraught with great benefits to man in a sanitary point of view. It takes the place of a substitute for small-pox.

For hundreds of years before the discovery of vaccination, small-pox swept over the Eastern hemisphere, in the epidemic form, about three times in every generation, beside the occurrence of sporadic cases in the intervals, carrying off about one-fourth of those attacked by the disease, and more or less disfiguring for life those that recovered. All who were not protected by a previous attack remained liable to the disease, so that very few escaped its ravages. It is true all cases of small-pox in the natural way are not equally bad, but moderate cases of the disease are more to be dreaded than the severest forms of many other diseases. The premonitory symptoms are usually very painful. No man who has not seen a patient afflicted with small-pox in the confluent form at its height, with his enormously swollen and blackened face (often deprived of sight, hearing, and intelligence), with foul pus issuing from a thousand pustules, and the stench of commencing putrefaction eliminated from every pore, can form an adequate conception of the loathsomeness of the disease. The rapidity with which decomposition takes place after death, is only equalled in the victims of plague and yellow fever in their worst forms.

Before the discovery of Jenner, the production of small-pox by inoculation was practised to a considerable extent, but it has been superseded by vaccination.

Various objections have been brought against vaccination, by its opponents, such as its want of prophylactic power, as is evinced by the rise of varioloid since its introduction, the liability by the use of impure virus of transmitting other diseases, and of substituting maladies more destructive than small-pox itself, such as scrofula,

consumption, &c. I do not propose to discuss the subject in relation to these matters just now, but would just say in passing, that these charges admit of an easy refutation, and that the evils unjustly charged to the account of vaccination, are equitably chargeable to small-pox, in a magnified degree.

The protective power which vaccination affords against small-pox in most instances, is complete for several years, then diminishes gradually for an indefinite period, and in consequence of a constitutional peculiarity of some persons it is entirely thrown off. In other instances the protection from a single vaccination remains perfect through life. In all cases re-vaccination will restore the portion of protective influence that may have been lost through the lapse of time.

On examination of the tables of statistics based on hospital and army practice, we find there are more deaths from second attacks of small-pox, in the natural way and by inoculation, than from varioloid after vaccination. By these accounts we see that the constitutional peculiarities of some people invalidate the prophylactic powers of small-pox as well as of vaccination.

The advantages of vaccination over small-pox, in any form, are very great in every point of view. Its very general acceptance among civilized nations has nearly destroyed the epidemic force of small-pox, and almost banished the deformities from that cause, of former years. Fifty years ago it was a common thing, in a congregation of a thousand people, to see two hundred marred and pitted faces, ten blind eyes, and as many deaf ears, beside other deformities traceable directly or indirectly to small-pox.

By a fair estimate, vaccination, in seventy years since its introduction, has saved more human life and prevented more deformity than all other remedial means put together have done for a thousand years. As a boon with a definite object, it is the greatest sanitary gift of heaven to man. Its subverting power over small-pox is a proto-

type of the homœopathic adaptability of other remedial means to the cure of other diseases. Its beneficent action is evidently owing to the operation of an underlying great therapeutic law. Let appropriate honor, then, be paid to Jenner, for the propagation of vaccination, and to Hahnemann for the promulgation of the law which is destined to serve as a guide to the way and a lamp to the feet of medical men, in the treatment of all diseases. And let all homœopathic physicians follow the light of true medical science until all remedial and curable diseases shall be brought under the control of the great therapeutic law, *similia similibus curantur*.

NON-USE OF THE BANDAGE.

BY A. B. LIPPINCOTT, M.D.

Mrs. K——, aged about 40, and mother of seven children, had not been able to work much for twelve years on account of femoral hernia; had always bandaged tightly in her other confinements, when the hernia was so exceedingly painful that she would lay for days with her hands pressing upon the protruding part. November 17th, was called to wait upon her in her eighth delivery, and succeeded in inducing her to dispense with the bandage.

I used none but the usual remedy after parturition (Arnica), and on the eleventh day she was able to be up and move down stairs, when it again showed itself, but much reduced in size, and quickly disappeared on applying taxis; the patient was ordered to keep the horizontal position, as much as possible, for a few days longer, and since then there has been no return. She moves about, attending to her household duties, entirely free from pain, and better in this respect than she has been for years. I am convinced by this and other cases that have come under my supervision, that the bandage often hinders nature from doing that work which it is her part to do, and which she would do, if left untrammelled, better and with more safety to the patient than by art.

PUBLICATIONS RECEIVED.

THE SCIENCE OF THERAPEUTICS, ACCORDING TO THE PRINCIPLES OF HOMŒOPATHY. By Bernhard Bæhr, M.D. Translated and enriched with numerous additions from Kafka and other sources, by Charles J. Hempel, M.D. New York: Bœricke & Tafel, No. 145 Grand Street. 1869. Two volumes, royal octavo; pp. 1400; \$10.

The well-known work of the late Hartman, on "Acute and Chronic Diseases," was the first attempt to apply the principles of Homœopathy to special Pathology; and those of us whose recollection of homœopathic literature goes back even a few years, will remember with what avidity the volumes were procured, and, though sometimes turned from with a sense of something lacking, how valuable they proved to all who consulted their pages. The present work of Bæhr is the successor of that of Hartman, and, we are told, is founded upon it; but is, in the language of the translator, which we heartily indorse, "in point of scientific value and practical usefulness, as far superior to the former as the present status of Homœopathy is superior to that of Hartman's time." This indorsement is the result of a careful examination of the two handsome volumes, from the title-page—which is a decided improvement over the older formulæ—to the final alphabetical index.

The work may be said to present sufficiently complete pictures of diseases, scientifically considered in accordance with the advanced knowledge of Pathology and Diagnostics of the present day, and the adaption of Homœopathic Therapeutics to their amelioration and cure. The two volumes are divided into eleven sections, the first ten of which each represent an organ or organs, a region, or a system of the body as the seat of disease, each subdivided to present the special diseases which principally affect the parts comprised in a section. The Eleventh Section is devoted to the consideration of "Constitutional Diseases," embracing, according to our Author's arrangement: A, Acute and Chronic Contagious Diseases; B, Epidemic and Endemic Infectious Diseases, and C, Constitutional Diseases without Definite Infection. The first (A) comprises Morbilli, Scarlatina, Variola, Syphilis; the second (B), Inter-mittent Fever, Typhus, Yellow Fever, Cholera; the third (C), Chlorosis, Rheumatism, Gout, Dropsy, Scurvy, Scrofulosis, Tuberculosis, Hyperæmia, Anæmia, congenital, consecutive, and secondary, Tabes, Obesitas, Uræmia, Pyæmia, Septicæmia, Gastromalacia, Goitre.

The indications for the use of remedies are, in most instances, clearly given. The author not only exhibits the correspondence of symptoms, but frequently points out the relations of the general sphere of action of a remedy to the pathological entity of the disease, and, in this way, satisfies the mind more completely than could be done by either method alone. He is evidently a man of great medical and scientific acquirements, and writes with an air of authority that can only come of an extensive and varied experience. He points out the errors of Hartman,

who necessarily gave many indications for the use of drugs upon purely conjectural grounds, and, consequently, often erred, and gives in their stead, treasures from the storehouse of his own experience.

It is impossible for us to give extracts from this valuable work, in the limited space we have, of necessity, assigned ourselves, or even present a cursory review of its contents. We have found the sections treating of diseases of the Brain, Spinal Cord, and Nervous System generally; of the Stomach, Intestines, and Peritoneum; and of the Respiratory Organs, particularly interesting and valuable.

In addition to the contents of the original German edition of Bæhr, the American reader has given him indications for the use of the "New Remedies," on all suitable occasions; the able and industrious translator, Prof. Hempel, having furnished these, in addition to many valuable hints from his own experience, and extracts from the writings of Kafka and from our Medical Journals, thus presenting the most modern as well as most approved remedies, and making the book complete. We are not competent to form an opinion as to the exactness of the translation, but can vouch for the elegance of style in which it has been rendered.

We have no hesitation in saying that, taking Bæhr as a whole, it is not surpassed, if equalled, by any other work on special Homœopathic Therapeutics that has been presented to American readers. It will be read with pleasure and profit by every physician, will prove invaluable to students of medicine, and is just such a work as may be placed in the hands of intelligent Old School physicians who are desirous of acquainting themselves with the principles and practice of Homœopathy; and, in this last particular, happily fills a gap in the literature of our school.

The publishers, Messrs. Bericke & Tafel, deserve the encomiums of the members of the profession, as well as their patronage, for presenting so valuable a book with all the accessories of excellent paper, unexceptionable typography, and appropriate and substantial binding.

THE GRAND FAIR FOR THE PHILADELPHIA HOSPITAL.—We go to press during the closing hours of the Fair for the benefit of the Homœopathic Hospital Fund. It has continued for two weeks, and has daily been the resort of the most intelligent and refined of the citizens of Philadelphia. Notwithstanding the very hard times, so bitterly complained of, we are assured that quite a handsome sum has been realized for the proposed charity; but apart from considerations which are purely monetary, this Fair has been, in many other respects, of incalculable benefit to the cause of Homœopathy. The lady Managers, and all persons, professional and lay, who assisted them, are deserving of all praise.

CENTRAL HOMŒOPATHIC MEDICAL ASSOCIATION OF MAINE.

REPORTED BY JAMES B. BELL, M.D., ACTING SECRETARY.

The Society met at Waterville, July 21, 1869, the President, Dr. Pulsifer, in the chair.

Dr. BELL presented the following case :

ŒSOPHAGEAL STRICTURE—BAPTISIA.

A young man of good family, and quiet disposition, of somewhat sedentary habits, nervous bilious temperament, eighteen years of age, had complained of sore throat and general debility for about two months. The case presented the following symptoms :

Feebleness of mind ; aversion to mental or bodily exertions ; fretfulness ; aversion to hearing conversation about sickness or injuries ; *great aversion to the open air*. The chief complaining is of the throat, as follows : soreness, rawness, dryness, and prickings in the whole throat ; hawking of much thick, white mucus ; *inability to swallow anything but liquids*. All his food consisted of milk, corn-starch gruel, and similar articles, and all must be carefully strained for fear that some small solid particle should choke him. After eating, hawking up of food with the white mucus. Mucous membrane of pharynx, tonsils, uvula, and arch of the palate dark red ; mucous follicles enlarged and prominent. With great difficulty he was persuaded to permit the use of an œsophageal probe of three-eighths of an inch in diameter. This lodged at a point just back of the larynx, and after gentle but persistent pressure, for about ten seconds, passed on, revealing the existence of a spasmodic stricture of the œsophagus. Sleep poor and unrefreshing, with many troublesome and wearisome dreams. Chilliness. Wandering pains in the limbs. General amelioration in-doors, from warmth, and when lying down.

None of the well-proved remedies have the totality of the symptoms, and the most peculiar symptom, the inability to swallow anything but liquids, is nowhere to be found. The remedies that most nearly resemble the case are *Calc. carb.* and *Hepar sulph.* ; the former the mental condition, particularly the aggravation from hearing unpleasant things ; the latter the throat symptoms, particularly the prickings, and the general relief from being kept warm. But though sufficiently similar to exert a favorable influence over the case (*Calc. carb.* 2^c being given first, and afterwards *Hepar* 2^c and 3^m, at long intervals), producing a general gradual improvement, there was no decided change in the local difficulty. During seven months of treatment, therefore, each of the following remedies was also administered once : *Iridium Met.*, 30th (a proving of which is nearly ready for publication), *Phosph.* 2^c, *Nux vom.* 2^c, *Lachesis* 2^c, *Merc. sol.* 2^c, *Puls.* 2^c, *Rhus tox.* 2^c, *Kali brom.* 1, *Psorinum* 2^c, *Alumina* 2^c, *Bell.* 2^c.

This was the state of the case until last June, when in conversation upon *Baptisia*, with Prof. H. N. Guernsey, of Philadelphia, at the meeting of the American Institute, he remarked: "If you ever have a patient who can swallow nothing but liquids, give him *Baptisia*." Other topics coming up, I did not learn how this acute and reliable observer became possessed of this symptom;* but I gave my patient one dose of *Baptisia* 30, in water. The improvement was immediate. The dose was repeated again, in about three weeks, for a little retrogression. Mental activity, a desire to go out-doors, and ability to take solid food, appeared almost simultaneously, and the cure is now (September) entirely completed.

Dr. BRIRY said he had a case of Dysentery (which he was attending for Dr. Payne during the illness of the latter), in which the tenesmus was urgent, the child wanting to be up all the time, and the discharge consisting of *pure blood*, with no mucus. He cured the case with *Baptisia*, 1st decimal.

Dr. PAYNE remarked that after the recovery from the dysentery, an eruption came out all over the body, looking mostly like measles, but in some places a little like urticaria. This he believed to be pathogenetic of *Baptisia*.

Dr. WILLIAMS had observed an epidemic of that form of rash, with influenza.

Dr. PULSIFER agreed with Dr. Payne that the eruption in the case of the child was probably pathogenetic, and should be noted as such for further confirmation. We need more remedies for measles.

Dr. BELL remarked that the case seemed to have made a slow recovery, with one or two relapses. This may have been due to constitutional causes; but one of his first observations of the comparative effects of different potencies was, that while the low often cure promptly, the cure is not as complete and permanent as from the higher.

Dr. WILLIAMS read a paper on Hooping-cough, which has not, however, been furnished for publication.

REPORT OF DR. WM. E. PAYNE.

The report of the Committee on Typhoid Fever being called for, Dr. WM. E. PAYNE said:

Though appointed by our worthy president to report upon this subject, he was unable to give the Society anything in relation to typhoid fever viewed as a pathological entity, that he regarded as of any practical

* Dr. GUERNSEY first observed this symptom in a child suffering from diarrhoea, where the other symptoms pointed to *Baptisia*, and where the *inability to swallow anything but liquids* was marked. It was removed after the *Baptisia*, along with all the other symptoms. It is, therefore, clinical only, but has been confirmed by Dr. G. in several very well-marked cases, and he has now a case under treatment, which, if *Baptisia* proves curative, will be published.—Editor H. M.

utility. He had given the subject but very little consideration with reference to a report, for he had long ago ceased to allow the name of a disease to become an element in his cases, either at the bedside, or in the study of the *materia medica*; and to direct the treatment of cases in advance, with even a fair prospect of success, he thought beyond the reach of human capability. The naming and classifying diseases might be highly useful to those who make the rule of *contraries* their therapeutic guide; but a very uncertain guide to those who follow the law of *similars*. The tendency would be, he thought, to treat diseases upon "general principles," rather than according to the homœopathic law. The plan of instruction adopted in homœopathic practical works, varied but little from the old school method, and was scarcely less irrational; for example, in all our works on homœopathic theory and practice, including those designed for domestic use, we have put down as of the first importance in the treatment of typhoid fever, *rhus tox.* and *bryonia*. These remedies obtained their notoriety doubtless, from what Hahnemann accomplished with them in an epidemic fever, called the war typhus of 1812. They were homœopathically adapted to the symptoms of that terrible epidemic; and consequently every case recovered in which they were used. But we have no recorded epidemic of typhus since that time, wherein these remedies have been so extensively efficient. They have worked well in some cases—those in which they were homœopathic; but in thousands of cases, not the least benefit has resulted from their employment, simply because they were *not* homœopathic. Still they are stereotyped remedies in all cases that can be fairly christened *typhoid* according to the received pathology of the day. Other examples are afforded of this tendency to routine practice among homœopaths, prominent among which are *puls.* in suppressed menstruation; *acon. hep.* and *spongia* in croup; *drosera* in hooping-cough; *nux vom.* in constipation; and *acon.* in all febrile conditions of the system; neither of which can be of the least use unless it is homœopathic; that is, unless it possesses the power of producing in the healthy body a morbid condition similar to that of the case in hand, which condition can be known only by the symptoms. The more we keep out of view, at the bedside, theory and nomenclature, the better will be our success. We never should allow the idea of typhoid fever, hydrocephalus, pneumonia, &c., to become leading elements in making our record, nor in the search for our remedy. When we do this, we mingle the speculations of the theorist with the accurate demands of Homœopathy; we lose our way; and fortunate shall we be if we see the danger, and retrace our steps before our confidence in Homœopathy becomes irreparably shaken.

What the profession needs more than all else, is a reliable and well-arranged *materia medica*. Give me a *materia medica* which embraces all the provings to the present time, with the drugs alphabetically arranged, and the symptoms numbered according to the early plan of Hahnemann, and more recently followed by Hering in his *American Journal of the*

Materia Medica; and then a thorough index of all the symptoms; for example, an index of the symptoms of the head, bound in a separate volume and titled; an index to the chest symptoms in another volume; and so on, and I will surrender all epitomes, manuals, monographs, and works on the theory and practice of Homœopathy, and think myself immeasurably the gainer. Such a *materia medica* we might have in a comparatively short period of time, if each member of the profession would do what is manifestly for his highest interest to do, viz., subscribe for a copy to aid its publication; and set himself earnestly to the work of carefully testing, in his daily practice, the provings already at his command; and transmitting from time to time to our journals for publication, in imitation of our professional brethren, Hering, Guernsey, Dunham, Martin, Raue, Lippe, Williamson, Jeanes, Bute, Bell, C. Wesselhoeft, Neidhard, and a host of others no less zealous, such symptoms as he may have verified beyond question. His subscription probably would not much exceed the amount which he annually pays for fragmentary publications of the *materia medica*; and carefully recording his cases, and confirming symptoms at the bedside, would, more than all else, advance his knowledge of the practical requirements of his profession.

In place, therefore, of a report on typhoid fever, I will with your leave, give you a few examples of the method which I have pursued and am still pursuing in the verification of symptoms, as a practical illustration of what the profession might do in addition to a prompt and liberal subscription, to help forward this most needed of all works,—the procuration of a compact and *pure materia medica*. In making my records I have included all the symptoms of a single case in one paragraph, both those found in the proving of the drug used, which I have indicated by the letter V., and those present in the case and not found in the proving, which I have indicated by the letter D.; so that each paragraph is a case complete in itself. But I have headed the illustrations which I present, with an explanatory table, from an examination of which a clearer idea of the plan may be obtained.

Explanation.—The (V.) denotes that all the preceding symptoms are found in the recorded proving of the drug, and were *verified*, that is, removed by its administration. The dash (—) means that all the symptoms which follow in the same paragraph were present in the case.

The (D.) indicates that these symptoms also *disappeared* under the use of the remedy.

The italicised symptoms are those which led to the selection of the remedy; and the name at the end of the paragraph is that of the verifier.

1. MEZEREUM:—No rest when alone; wants to be in company; while talking ideas vanish; unable to recollect; ideas confused; not able to repeat what had been learned by heart; *looks through the window for hours, without being conscious of the objects around her*, or without having any ideas; knows not what she is about; forgets what she is about to utter; looks ill-humored, pale, wretched, fallen away; *apprehensiveness at the*

pit of the stomach as when expecting some very unpleasant intelligence; frightful dreams, V. —, a feeling as if the eyes were drawn backwards into the head [*bovista*]; the eyes feel strained; numb feeling in top of head, or as if the top of the head were gone (is this the "pithy" feeling mentioned in the proving?); inability to sleep; despairs of eternal salvation, D. After the failure of several remedies, Mez. 30, removed all the symptoms in a single night.—W. E. PAYNE.

2. PHOSPHORUS:—*Regurgitation of undigested food very soon after swallowing it.* V. — urticaria, the hands, arms, and body covered with itching blotches; conscious and annoying pulsations of the heart. D. Hahnemann says in his indications for the use of *Phosphorus*, "The food rises back again into the mouth, after having been scarcely introduced into the stomach." This would be a more precise representation of the case, which had been of long standing. Phos. 30, several times repeated, removed the symptoms for several months.—W. E. PAYNE.

3. ELAPS CORALLINUS:—*Cold drinks feel like ice in the stomach;* weight at the stomach after eating, V. — sinking, faint feeling at the pit of stomach; pain in stomach relieved by lying down on the abdomen; desire for sweetened buttermilk; fearful, and apprehensive of some fatal disease; bowels constipated. D. Elaps 8, promptly removed the symptoms, though they had been of long standing.—W. E. PAYNE.

4. CAUSTICUM:—*Violent pain in the stomach; at times the pain seems to be seated in the stomach, at times in the chest; always relieved by lying down,* increased by moving about; constipation; frequent but unsuccessful desire to pass stool; sleeplessness at night; unable to rest in any position, V. — the attacks of pain occurred once or twice daily, a small carbuncle appeared on the neck, over the spine, during the continuance of the attack, D. *Causticum* 200, repeated every six hours, made immediate impression upon the attacks, which in the course of a week amounted to little more than a threatening, though a cold was taken during the time. They entirely disappeared.—W. E. PAYNE.

5. PETROLEUM:—*Vertigo when rising from a recumbent position,* V. This was of frequent occurrence in the case of an old lady of feeble constitution; yellow, bilious matter was often vomited, during the attacks, D. *Petrol.* 30.—W. E. PAYNE.

6. SILICEA:—*After a meal, load as of a stone in the stomach; or like lead,* V. — in cases particularly after eating raw vegetables; though the same feeling was removed in cases when it occurred after ordinary food, D. *Sil.* 30, was prompt and permanent in its action.—W. E. PAYNE.

7. ANACARDIUM:—*Frequent tenesmus for many days, without being able to pass anything; great and urgent desire for stool, but on sitting down to stool the desire immediately passed away without an evacuation; the rectum seemed to be powerless, with a sensation as if plugged up.* She had to strain though the stools were soft, V. — this is the case of an old lady who had been

afflicted for years with hæmorrhoids, with frequent profuse hemorrhage when at stool. At the present time eighteen days had passed without an evacuation though the above symptoms were almost constantly present. Enemas had been used, but returned without bringing any fecal matter. A powder of *Anacardium*, 30, dissolved in three tablespoonfuls of water and given in teaspoonful doses every four hours, produced an evacuation in twelve hours.—W. E. PAYNE.

8. NATRUM SULPH:—*Great sensitiveness in region of liver; very painful to touch; aggravated by stepping; by making a deep breath, or any sudden jar; pains aching, sometimes piercing; chills on several successive days, followed by heat and sweat, V.* — patient obliged to lie on the back; turning or twisting the body very painful; nausea, and sometimes vomiting, first of sour, then bitter fluid; icteric; stools clay-colored, D. This patient has been subject to attacks like the above, from each of which she had recovered very slowly. *Natr. sulph.*, 3d trit., controlled the disease promptly, and I think permanently.—W. E. PAYNE.

9. BROMINE:—*Swelling and hardness of the left parotid gland, the swelling feeling warm to the touch, V.* — this was the sequel of scarlatina; suppuration had taken place; the edges of the opening were smooth, unhealthy in appearance, and the discharge was watery and excoriating; and, notwithstanding the suppuration, the swelling was hard and unyielding. Several remedies were used without effect, but under the use of *Bromine* the swelling rapidly disappeared, and the opening closed without leaving the usual unsightly scar, D.—W. E. PAYNE.

Dr WILLIAMS asked Dr. Payne if he did not propose to mention diseases in the reports of symptoms?

Dr. PAYNE: No; the object is the *regrouping* of symptoms, which have been separated in the arranging of the *Materia Medica*. Each group will be a monograph, in its way, if each case be reported. The essence of the thing is: *What led to the selection of the remedy?* The great mistake we so often meet with in our journals, in the clinical records, is the absence of any point in the prescription.

Dr. WILLIAMS: This is an abstruse way of treating disease.

Dr. PAYNE: Yes, but we have, or soon shall have, a *Materia Medica* with every symptom numbered and indexed, and the combination, making a picture of Typhoid or any other affection, can be readily found.

Dr. BELL was much interested in the plan of Dr. Payne. He hoped it would have the hearty concurrence, and the active, systematic, and persistent cooperation of all. The patriarch Job said to his counsellors: "No doubt but ye are the people and wisdom shall die with you." This was satire, but it may be truly said that much wisdom dies with any good physician. It is our duty to preserve and transmit, as much as possible, all the definite and well-ascertained facts of our experience, and, chiefly, in Therapeutics. Dr. Payne's method provides for this in a most excellent and useful manner. Every good physician is con-

stantly proving and confirming remedies, and, with a little daily effort may preserve the results.

Dr. PAYNE: It is the duty of physicians to see that we have a perfect *Materia Medica*. No one can absolve himself from his indebtedness to Hahnemann and our other noble laborers, except by contributing to its perfection. He has found, also, a beneficial effect upon himself in endeavoring to collect and verify symptoms. He prescribes and records with more care, and requires patients to be sure and report the results.

Dr. PULSIFER: We have more characteristic indications in chronic than in acute cases.

Dr. PAYNE: We examine chronic cases more thoroughly than acute ones. Too many are satisfied to diagnose a case of Typhoid Fever, and then give *Rhus.* and *Bry.*, because they are laid down in the books for that disease. I cannot see how any one can write a treatise on Typhoid Fever, as such, to be of any use to the homœopathic physician. The remedies must be prescribed without regard to the disease, but for their characteristic similarity to the case. Dr. Bell has opened a new path in his work on *Diarrhœa*, consisting of pure *Materia Medica*, and this I hope will prove well.

Then followed some desultory conversation, in which

Dr. PAYNE remarked: *Natr. sulph. cures sensitiveness of the region of the liver to pressure.*

Dr. PULSIFER cured a case of soreness up and down the spine and neck, with *Natr. sulph.*

Dr. PAYNE spoke with indignation of the prevalent Allopathic abuse of vaginal examinations and the attendant applications, particularly in the case of young, unmarried females. He believed that many were ruined in this way. He has been astonished to observe how such patients will cling to the physician who has once thus gotten an influence over them by this process, no matter how little benefit they may receive from the treatment. They may apply to other physicians for treatment for other troubles, and we then have an opportunity to observe how they will defend and adhere to the man who has once gotten this unholy influence over them.

Dr. BELL could confirm the observations and sentiments of Dr. Payne in this matter. How often had he read with pain the unmistakable expression upon the countenance of some formerly untainted girl, that told of a fearful change, and but little penetration was necessary to discover the degrading bond linking her to the vile physician who had first led her in this way. Not long ago, a young lady of good family came into his office, desiring relief from a long-continued pain in the left hip. He had formerly prescribed several times for her for *dysmenorrhœa*. The peculiar change in her physiognomy was noticed, and, when she came again, he asked her if she had been treated by any physician during the last few years? She had, for two years, a weekly vaginal examination and application.

"Your pain in the hip proceeds from this cause. Will you give it up and be radically cured of this and your dysmenorrhœa?"

"No."

"Then I cannot treat you longer."

Dr. WILLIAMS reported a case of abdominal enlargement. An exact diagnosis was not made, but the symptoms indicated a tumor of some kind. The enlargement was hard to the touch. Age of patient, fifty-four; had ceased to menstruate; had taken a great deal of violent purgative medicine. After giving *Lyc. 2 c*, there came on a sort of diarrhœa, of substance of melanotic appearance, and the tumor disappeared in a few weeks.

Dr. BELL reported the following case as one of a well-authenticated instance of a true cure of a fibroid tumor of the uterus, and one that could not be explained away as a "spontaneous rupture," or anything but a physiological absorption, and due to the influence of the homœopathic remedy.

FIBROID TUMOR OF THE UTERUS.—CALC. CARB.

The patient was a maiden lady 45 years of age. Had always enjoyed excellent health until within about three years, when she began to have the menses too frequently and too profusely. She consulted her usual attendant, one of the most prominent old school physicians in the State. He gave *iron* for a long while but without benefit, of course. Soon after the appearance of the menorrhagia, she also began to enlarge somewhat. When she came to Dr. B., her abdomen presented the appearance of a woman at the fifth or sixth month of pregnancy. The symptoms on which to base a prescription were very few. She complained of no subjective ill-feelings, and the objective symptoms were only four: enlargement of the abdomen; profuse menstruation; too frequent menstruation; consequent anemia. For these symptoms *calc. carb. 2c.* was selected. At the first opportunity, some weeks later, a careful physical examination was made by palpation, and by vaginal and rectal touch. The sound was not used, as being unnecessary.

The uterus was found quite symmetrically developed in the pregnant form, about ten inches in length and seven or eight in breadth, and filled with a hard, resistant, elastic, regularly formed body.

From the absence of leucorrhœa and of pain, it is probable that the tumor was situated in the uterine parenchyma.

Under the influence of *calc. carb.* several times repeated in the 200th and 600th potencies, the menses have gradually become natural, the tumor has steadily diminished, being now about one-third as large as at first, and the general condition has improved to perfect health. Whether the absorption will continue or whether the harder portion of the tumor will remain an inoffensive resident, we cannot tell. The case has been now one year under treatment, and the cure, as regards the comfort and health of the patient, is completed.

The committee on nominations reported the following officers for the ensuing year, who were unanimously elected.

Jas. B. Bell, M.D., Augusta, *President*; J. W. Savage, M.D., Wiscasset, F. H. Roberts, M.D., North Vassalboro, *Vice-Presidents*; R. R. Williams, M.D., North Vassalboro, *Secretary*; D. C. Perkins, M.D., Clinton, *Treasurer*.

Dr. T. L. Bradford, of Skowhegan, was elected a member.

On account of surplus in the treasury, annual dues voted to be remitted.

Adjourned to meet at Augusta, third Wednesday in January, 1870, 10½ A.M.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. McCLATCHEY, M.D., SECRETARY.

THE November meeting of the Society was well attended. Dr. E. H. Trego was admitted to membership. Dr. Williamson offered a resolution, which was unanimously adopted, to the effect that the members of the Society should do all in their power to aid the Ladies' Fair Association for the establishment of a Homœopathic Hospital in Philadelphia. Dr. Williamson then read an interesting paper on Vaccination, for which a vote of thanks was tendered, and subsequently exhibited a copy of Jenner's original work, now very rare. Dr. Bushrod W. James, Scribe, then made his monthly report, as follows:—

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

RHINOSCOPE.—I lately obtained a new instrument for the purpose of examining the posterior part of the velum palati and the posterior nares. It consists of a reflector situated on the end of a suitably bent rod and handle, with a movable piece above with both a perpendicular and a horizontal motion, attached by a joint to this same rod near its handle, and held down to the first-mentioned rod by a spring while being introduced into the mouth and into position, when pressure upon a thumb-piece on this latter rod (which is bent out of the axis of vision and has a broad expansion at its end) raises the palate, and gives a good view of the parts, from the mirror on this lower rod, when a strong light is thrown into the mouth.

FLOATING FOREIGN MATTER IN THE ATMOSPHERE.—In England a chemist who is employed by the inspectors under the "Alkali Act," has become so expert as to detect the ingredients of different kinds of smoke, and can also, in the rain-drops that fall through the atmosphere of cities, determine how much sea salt, soot, or acid they contain. His researches, illustrated by magnified views or diagrams, show that London rain when thus crystallized, indicate the presence of foreign bodies like leafless tree-branches. Newcastle rain has bits of coal in it, while a Manchester rain-drop "resembles the splintering and slurring of a large

block of ice, in which slabs of stone are incrustated." Particles the fifty thousandth part of an inch can be detected.

This subject would be a fruitful theme for investigation in our American cities, and particularly in our own healthy city, where large quantities of acids and other chemicals are constantly being made, and where the smoke and gas of our anthracite coal and other fuel, and the emanations of our many and various manufactories are commingled and are ever imperceptibly hovering over and around us in the atmosphere that we breathe.

DANGEROUS ODORS.—A case is on record of death from the odor of quinces, where a large quantity of them had been placed in the sleeping-room of the individual whose life was destroyed by sleeping in and breathing the air of the room filled with this odor. Another case is reported where a grocer was nearly asphyxiated and with difficulty restored, from the confined odor of a large quantity of oranges in his room.

The perfume of tuberose, jessamine, lilac, and other flowers, it is well-known, are injurious in the sleeping apartment. The growth known as the Palmella, if left in the lodging-room, it is claimed, will invariably produce intermittent fever, in those who sleep there several successive nights.

ASIATIC CHOLERA.—The cholera is at present prevailing in India. Reports state that in the district of Nursingpore, one hundred and sixty deaths occurred out of two hundred and twenty cases, and sixty-three deaths had recently occurred in the town of Rajpore.

CURIOUS ANATOMICAL MECHANISM.—A description of an insect (the thysanura) of very delicate organization, was lately read before the British Association. It was possessed of a long tail to which was attached two long curved projections extending under the body forwards, making really a strong bent spring with elastic properties. Under the body of the insect is a latch, much like that of a gun-lock. Very small muscles attached to this appendage, draw it forward and secure it under the catch, where it remains until the insect, to escape from an enemy or to secure its food, wishes to advance, when the insect by its own will "pulls its trigger" and by force of this caudal spring is thrown twelve inches forward at one leap. The muscular fibres have no influence in the movement, and are useful only in bending and fixing the spring to the latch. The insect has six legs, but no wings.

The anatomy of the caudal appendage of the Kangaroo, reveals the fact that it is constructed as a spring, and thus assists this animal in its rapid and powerful bounds, although this spring acts on a different principle from that of the thysanura.

ANOTHER USE FOR CARBOLIC ACID.—A new kind of paper with a sufficient amount of carbolic acid through it to make it possess antiseptic properties, has been invented by an Italian chemist. When animal substances are packed in it, they can be preserved without the presence of

any other antiseptic agent for a long time, and can thus be transported to distant parts.

TUMOR DISSOLVED BY GASTRIC JUICE.—An ulcerating tumor has recently been successfully destroyed by the application of gastric juice, by Prof. Lussana, of Lombardy. This is a nice way to get rid of carcinomatous growths, but, where will the supply of gastric juice come from if the practice become fashionable or general?

MALIGNANT SCARLATINA.—Dr. Lilienthal thinks that Ailanthus will prove as valuable a remedy in malignant scarlet fever as Belladonna has proved itself to be in the "smooth form of scarlatina."

THE EMPRESS EUGENIE AND HOMŒOPATHY.—A report is current, that the Empress of France recently sent for Dr. Chargé, but did not wish to allow her allopathic medical adviser to know that she had called in a homœopathic physician, and asked him (Dr. Chargé), to make his visits by the "petty staircase." But Dr. Chargé nobly replied: "I cannot accept this condition; not that I myself care, but I cannot accept it, for the sake of the school to which I belong. I will come openly by the state staircase, or I must decline the honor of attending your Majesty." Because he would not condescend to accept and follow out this unreasonable and humiliating request of the Empress, she did not receive his professional services. Homœopathy, as a medical system, has no occasion to crouch down or bow discreditably to any one, and we are glad to see the honor of our system so nobly vindicated in Paris.

Dr. WILLIAMSON's paper on Vaccination was then taken up, and its subject was fully discussed by the members.

Dr. JEANES said that he agreed with nearly all the views and statements of Dr. Williamson, as exhibited in this paper. In regard to the mode of performing the operation, he thought the method of many slight punctures (tattooing) with the point of the common thumb lancet preferable to any other. He thought that very fine vesicles are to be observed around the puncture a day or two earlier than the time stated by Dr. W., which was on or about the fifth day. He viewed the story of a physician re-inoculating subjects until he obtained a satisfactory cicatrix as a silly fabrication, inasmuch as it is impossible to produce a genuine vaccinia for a long time after a subject has passed through it. And, farther, that it is very seldom, if ever; however, many years may have elapsed after the first successful vaccination, that a perfect vaccinia is reproduced. That in nearly all cases of revaccination, after vaccinia, where there is any marked impression of the vaccine, there is not a perfect areola, and that in the cases which make the nearest approach to it, the time of its formation does not correspond with that in genuine vaccinia, being generally earlier. And, indeed, that in all cases there are marked departures from the normal course and appearances of vaccinia after first vaccination.

He had noticed that nothing had been said in the paper, in relation to

Jenner's views, in regard to what might be called the natural history of the cow-pox, namely, that it originated from a disease called the grease, in the heels of horses, and that persons who had been engaged in dressing the affected heels, and, afterwards employed in milking the cows, communicated the virus through any wounds or scratches, to this animal. He, however, would advert to this matter, as he thought these ideas of Jenner were not sustained by any satisfactory evidence. He had met somewhere with the statement, that cows had been inoculated with the human variolous virus, and that the resulting vesicle or pustule yielded true vaccine virus. If this is true we can readily account for the occurrence of the vesicle on the teats of the cow, from inoculation from the hands of milkers just recovering from the small-pox. For although, as has been remarked by Dr. Williamson, the sufferings are often very great in the earlier stages of variola, yet when the crusts have fallen off from the rest of the body, and the patients could resume their occupations, the thick cuticle of the hands still preserve the pocks unbroken.

Dr. H. N. GUERNSEY always vaccinates by the process of tattooing, as mentioned by Drs. Williamson and Jeanes, when he uses the scab. He now generally uses the imported virus, and only scarifies until there is a redness. Now, if he vaccinates to-day, he goes to see the child on the third day,—counting the day of operation as one,—and applies the end of his little finger to the spot; and if it has taken he feels a small elevation, like a small seed, beneath his finger. If he does not feel this, he generally re-vaccinates, without waiting longer. He usually finds the fever worse on the ninth day. If the vaccination “takes,” and goes on to perfection, he sees a scab formed having five points, four on the outer sides and one in the centre, the scab being of a dark color. In such cases he had never been able to produce re-vaccination inside of seven or eight years. On the third day he invariably gives a dose of *Sulphur* 2^c, and believes that it really does good; he was willing to admit, however, that this might be only a notion. He finds that the longer the period of time after vaccination, the more perfect will be a re-vaccination, but had never seen this latter perfection. There are some eruptions, in children, which in his hands had been cured by vaccination. He could not exactly specify their forms. When children have cutaneous eruptions, their parents usually do not wish to have them vaccinated; in such cases he first tries suitable remedies, and if these fail he vaccinates, and had often seen the eruptions cured thereby.

Dr. S. S. BROOKS said that he gave this subject more attention fifteen or twenty years ago than now. He was, at that time, “vaccine physician” for three years, and vaccinated some three hundred children or more every year. He thought it well to not vaccinate until the child is well established in the process of living, although he had vaccinated on the first day, when small-pox was rife or in the house. He generally postponed the operation until the fourth month, and tried to have it over before the cutting of the first teeth. He tried also not to vaccinate in

hot or cold weather, selecting, when practicable, the spring or fall. In summer children almost always suffer from more or less irritation of the skin, such as "prickly heat," and in winter, he thought, there was some danger from taking cold. His method is to make a number of oblique thrusts, so as to form minute cul-de-sacs, into which the virus is received, and there is then no danger of its being rubbed off. The time at which vaccination takes, and the time at which it arrives at its height, varies, as does everything in nature. He had vaccinated and found in a day or two signs of its taking; in a week thereafter no such signs; and then, in a few days more, come on and run the course naturally. He had seen the vaccine disease, after vaccination, lie apparently dormant for some little time, and then go on through its course otherwise normally. In view of these facts, he did not feel like fixing any specific times, but usually told his patients, when they wished to know, that the height would be on or about the ninth day. He thought that the time of coming off of the scab depended greatly on the size of the scab, a larger scab requiring a longer time. Regarding the keeping of scabs, he had tried various methods, and had not succeeded completely with any. He had encased them completely and kept them in dark and dry places, and again had left them exposed, finding one plan as good as the other; so that there is a marked uncertainty as to the good quality of the virus, and he now does not *depend* on its activity if it be one month old. There are records of scabs having remained good for more than a year. If proper care be taken as to the time of vaccinating and the condition of the child, casualties will be very rare, but they will occur with the most careful. Sometimes vaccination brings out latent disease, which it is impossible to foresee. Out of upwards of a thousand cases of vaccination, in his practice, he knew of not more than three or four casualties. He always waits until the child is in good health, unless small-pox be prevalent in the neighborhood. The vaccine disease is a genuine disease, and we want it to have its full fling, in order that we may have in full its good qualities. He would, however, bear in mind what Dr. Guernsey had said regarding its curative powers. There is great uncertainty as to the duration of the protection afforded by vaccination. Some are protected for life and some for only a few years. If a person has been successfully vaccinated, and is exposed to variola, he should be, in his mind, re-vaccinated. If it takes, he considers that the person was in an unsafe condition.

Dr. J. C. MORGAN alluded to *spring vaccinators*. He thought the point should not project more than one-eighth of an inch. It is complained of sometimes, that there is difficulty in getting the liquid virus to spread out enough; he would recommend the addition to it of glycerine, which would give it body. He thought that the so-called *syphiloid* vaccinations were owing to scab being used which had degenerated to that extent as to have become genuine septic matter. Scabs cannot be kept well, according to Dr. David James, if carried about the person. He

(Dr. M.) had observed that he could not preserve crusts in freezing weather unless they were thoroughly protected from the cold. Had noticed, while in the army, that scabs transported in winter were worthless, while those transported in warm weather were good, although those shipped in winter were the more recent.

Dr. B. W. JAMES remarked that there is, just now, a tide of opposition to vaccination setting in. This great boon to humanity should not be placed in jeopardy by the carelessness of physicians in procuring crusts and performing the operation. He mentioned a case, now under his care, in which the patient, a lady, has throat disease and trouble with her lungs. Some time ago an eruption came out, presenting pustules, which, on removal, leave a pit. She says they will not get well until she picks out a core. He proposed to give *Vaccinine*.

Dr. PEMBERTON DUDLEY stated that he had a number of cases of eruptive disease which clearly simulated the appearance of the variolous eruption. He gave *Tartar emetic* successfully in most cases, and in those in which it failed he had given *Sarracenia purpurea* with curative results.

Dr. WILLIAMSON said that the paper he had read was not exhaustive, and indeed he had had but little time for its preparation. It had answered a good purpose, however, in bringing out an expression of opinion, and he was rejoiced to find such a unanimity of sentiment regarding the value of this great blessing. This opposition to vaccination is coming up from those who are opposed to Homœopathy, and he was very sorry indeed to know that some homœopaths are joining in the cry. These surely do not know what they are doing.

In regard of re-vaccination, he said that when this was performed it restored whatever was lost of the first. The process in re-vaccination is, however, as he had stated in the paper, not so perfect, and the disease runs its course in altogether a shorter period of time. Dr. Brooks would like to know how scabs or crusts can be kept. The truth is, *they cannot be kept*. Time and space are relative qualities. Small-pox is only capable of communicating its infection within certain limits of time and space. So with vaccine matter: it has its limit of power. He would like to say a word or two against the use of imported matter. If kin-pox be small-pox modified, does it not seem strange that the disease seems so much more prevalent amongst the cows of Holland, than amongst those of this country. There is a very great deal of this cow-pox virus imported. He believed that these people rubbed up crusts until they were of a fluid consistence, and then sold that to us as genuine cow-pox virus, and he thought we could do that just as well as the people of Europe. Dr. Williamson then gave an amusing account of his early experience in Homœopathy; how he had been told to use only imported corks, to boil them, &c., and how he had gradually found out that it was pretty much all nonsense.

The Society then adjourned.

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ON THE ACTION OF THE FUNGI OF STRAW
UPON THE HUMAN ORGANISM.

BY J. H. MARSDEN, A.M., M.D.

(Read before the Cumberland Valley, Pa., Hom. Med. Society, Nov. 2, 1869.)

THIS subject has already engaged the attention of some members of the profession. In the July number of the *American Journal of the Medical Sciences* for the year 1862, we have an interesting article by Dr. Salisbury, then of Newark, Ohio, wherein he attempts to show, that these fungi were the morbid agent producing the camp measles which prevailed in the Union army very extensively about that time. He adduces several cases in support of this theory. One of these is reported substantially as follows: A gentleman, whose name is given, came to his office on the evening of the 9th of December, 1861, and informed the doctor that he was just recovering from what he regarded as an attack of measles, which he believed he had caught from pitching a load of old straw that had become partially decayed and was covered with fungi. During the operation, as he turned over the contents of the stack for the purpose of selecting the best portions, the surrounding air became filled with dust, which tasted and had the odor of old straw, and which, doubtless, mainly

consisted of desiccated fungi. "During the following night he awoke with a very sore throat, which became much worse by morning. After getting up and dressing he was taken with a very severe chill, with pains in the head and back, and felt so sick and prostrated, that he was compelled to return to bed again, where he remained through the day. The chill was followed by a high fever and severe pains in the head, so much so that a portion of the time he was delirious. He felt a heavy congested feeling about the chest, his throat and fauces were swollen and inflamed, with severe catarrhal symptoms. An eruption like that of measles appeared upon his face and neck, and the old-straw taste still continued. His fever continued high through the following (Thursday) night, with severe pains in the head. Friday, December 6th, he felt much better. The eruption had passed downward over the whole body, and had begun to disappear from the face. He rapidly recovered, so that on Monday, December the 9th, he was moving about the street."

Another case is that of a boy, who having been at school, and not having, so far as he knew, been exposed to the contagion of measles, returned home and immediately engaged in assisting his father in threshing wheat with the machine used for that purpose. He was at work upon the straw stack Friday afternoon and all day on Saturday. About 4 o'clock p.m. of the latter day, he was attacked with chills, sore throat, tightness and congested feeling about the chest, eyes inflamed and sensitive, severe pains through the shoulders and head, with a feeling of weariness. High fever succeeded the chills, an eruption appeared upon the skin resembling that of measles, attended by the usual concomitant symptoms of that disease.

So striking were these and similar cases, that Dr. Salisbury, entertaining, it would seem, some belief in the homœopathic law, although no doubt unconsciously, was induced to try the prophylactic virtues of the fungus of

wheat straw, to prevent or modify measles. Accordingly, in the October number of the same journal to which we have referred, he gives us (page 387, *et seq.*) a series of 27 cases in which he had practised inoculation with straw fungi, and in which he maintains it was efficient in preventing or modifying attacks of measles, to the contagion of which the subjects had been freely exposed.

Of course, the correctness of the doctor's observations and conclusions have been strenuously denied. No one, we presume, has ever advanced any new truth in medical science without having his statements gainsayed, and that often by persons less competent judges than himself.

We have ourselves, for some years past, been making observations and collecting facts relating to the pathogenetic effects of the fungus of straw upon the human system. And while the symptoms we have been able to collect, have not had that near resemblance to those of measles supposed by Dr. Salisbury, they have yet been sufficiently interesting to justify us in giving our observations on this occasion somewhat in detail. Nor would we for a moment be supposed to call that gentleman's accuracy into question, for the fungi causing the symptoms which fell under his notice, may have differed somewhat from those whose effects we have observed. The habitat of flowering plants is not always determined by the circumstances of temperature, soil, &c. Many of those which we find in profusion in Eastern Pennsylvania, occur rarely, or are altogether absent, in the western portions of the same State. Indeed, it has appeared to me, that the flora of our State east of the Allegheny chain of mountains, is much richer than that of the counties lying west of that range in the same latitude. May not the same observations apply to fungi and other cryptogamous plants, and if so, may not the fungi insite upon straw in Ohio differ somewhat from that in Pennsylvania? May not some species of fungi be present in the one locality which are rare or absent in the other? But we con-

fess ourselves not sufficiently learned in the botany of cryptogamous plants, to speak very positively of this matter.

It is a well-known fact, that after wheat or rye is stowed away in the mow, unless they have been indeed *very dry*, fermentation to some extent takes place, a greater or less amount of heat is evolved, and the moisture contained within the straw appears upon the surface. Here then are the essential conditions of the growth of fungi, to wit: heat, moisture, and darkness. Under these circumstances, proportioned to the degree of moisture present an abundant crop of fungi is produced. The growth and maturation of these plants take place with wonderful rapidity. As the moisture dries up, as it generally does before the time of threshing, these fungi become desiccated. When, therefore, the straw is passed through the threshing machine in exceedingly rapid motion, the fungi are stripped from it and thrown into the surrounding air, where they float in a cloud of dust, and are abundantly inhaled by the threshers and all others who may be present. I have seen this dust so dense in the air above the threshing-floor, that I could scarcely distinguish the features of those a few yards distant.

I have frequently inquired of persons who follow the business of threshing, and find them possessed of very different degrees of impressibility by this agent. But they are, with very few exceptions, liable to what they term "a weed" or the "threshing fever." I would here remark, that the effects of the fungi cannot be attributed to the irritation it might produce as a mere dust. Our highways, in the drought of summer, are often so covered with dust, that it is raised in dense volumes by passing vehicles, and yet no such effect is produced upon those who inhale it. Its action, if any, is simple irritation.

The physiological effects of the fungi of straw, which I am about to detail, as falling within my own experience and observation, may, I think, be fairly regarded as pretty

thorough accidental provings of that agent. In speaking of the agent, I use the word *fungi* in the plural, because, according to the observations of Dr. Salisbury, who is regarded as an accomplished microscopist, several species of the plant are found to grow upon straw when subjected to moisture, heat, and darkness. He has given us beautiful delineations of these in a plate prefixed to his article in the journal to which I have already referred. The floating dust of the threshing-floor consists, therefore, of the desiccated products of these various species.

I would here premise, that I reside upon a farm, have my land cultivated upon the shares, as it is termed, and the crops threshed in my own barn. I have, therefore, annually opportunities of witnessing the operation of threshing with the machine.

In September, 1866, on account of peculiar circumstances, I was an unusual length of time present at the barn while the operation of threshing wheat with the machine was progressing, and, consequently, was much exposed to the dust. In the evening, after sundown, I rode about three miles to visit a patient lying in typhoid fever. While at the bedside I experienced creeping chills, a slight indication of commencing coryza, and a feeling of general indisposition. My first apprehension was, that I was taking a cold, to which I have always been very subject. My symptoms particularly drew my attention as I was anxious not to become sick at that time, having in a day or two to travel some distance upon important business. The feeling I have described continued, and rather increased till I returned home and went to bed. I fell asleep, soon perspired freely, and awoke in the morning well, except with a feeling of depression such as follows a slight paroxysm of ague. This train of symptoms could not have been from a cold, for it *never* runs such a course with me. When the threshers assembled the following morning to resume their work, my farmer said to me, without having heard anything of my own experience, "Something very strange

happened to me on my way home last evening." "What was that?" I asked. "Why," said he, "I got very cold and froze till I got home and went to bed, then I fell into such a heat, and toward morning sweated till my shirt was all wet." The weather at this time was very hot, his chill could, therefore, scarcely have been from exposure to the evening air, to which he was accustomed. I inquired of his present feelings, but he said he was well, with perhaps a partial loss of appetite and some dulness or depression. Of the other hands assisting I made no inquiries, and, so far as I remember, heard no complaints. These symptoms are, however, so common that, unless felt in a very marked degree, the men do not speak of them.

The next case I propose to detail is also an experience of my own. It occurred in October, 1868, on the day of the State election (second Tuesday). In the afternoon of that day I took a young woman in my employ into my granary, a large but close room, to turn what is called a rolling-screen, through which some wheat was to be passed preparatory to making flour. The operation is a very light one, requiring no power beyond that of a child. The young woman was unusually intelligent for her station in life, and very capable of noticing and describing any symptoms she might feel. The wheat operated upon had been, in threshing, passed too rapidly through the machine known as the "separator," and not thoroughly cleaned of the dust. In less than an hour the room was floating full of the dried fungi, and noticing that the young woman coughed badly I called her away, and she discontinued the operation. Her cough, however, after leaving the granary, gradually subsided, and she said she felt no other symptom.

In the course of an hour, perhaps, after leaving the granary, I felt a sensation of oppression in the region of the stomach, slight nausea, and some tightness of the chest. To these symptoms succeeded creeping chills along

the back, apparently neuralgic pains in the side of the neck, weariness and aching of the limbs, slight headache, and a general feeling of *malaise*. I drank some coffee at supper in hopes of procuring relief, as I had intended to ride away from home in the evening. After supper I lay down, first upon a lounge, but feeling very much indisposed, I shortly went to bed for the night. I now noticed my pulse to be considerably quickened, felt feverish, and shortly fell asleep. Awaking now and then through the night, I found myself perspiring, my clothing being very perceptibly moistened; which condition continued till near the time of rising. When I arose the symptoms had passed away, leaving merely a feeling of lassitude, considerable indifference to food, and a sense of emptiness at the pit of the stomach. Either on this day or the following, I experienced, at several times, a severe itching at the sides of the fingers, without any appearance of eruption—a mere glow of the skin succeeding the rubbing to which I was obliged to resort for relief. This symptom lasted, I think, not more than a day. There was no recurrence of the symptoms experienced on the first evening. I have had, in early life, very frequent attacks of intermittent fever, while residing upon the Susquehanna River, in Pennsylvania, and the Muskingum, in Ohio, and my recollection of the feelings I experienced at the commencement of a paroxysm is, I think, still fresh and vivid, and between those and these more lately felt as the effect of fungi, I can remember no difference, except in the former the pains in the sides of the neck were absent. Had I suffered an attack of intermittent a few weeks before, and had I been ignorant at the time of the pathogenetic effects of the fungi, I would have been certain that I was about to have a relapse, which all know is very common in that complaint.

It has been stated that the young woman engaged in turning the screen, did not experience symptoms similar to my own. This, I think, may be accounted for by her

less exposed position. She stood at the end of the screen where the clean wheat was delivered; I stood most of the time at the other end, where the dusty wheat taken from the box or bin was filled into the hopper, and consequently inhaled the debris of the fungi in a more concentrated form.

During the threshing of wheat in August last, I experienced a similar train of symptoms, but not followed by itching of the hands. I inquired of the men employed, but, with one exception, they seemed to have experienced little or no inconvenience. One, however, told me he had had a violent chill upon going to bed, followed by profuse perspiration.

I have just now spoken of the striking resemblance between the symptoms produced by the inhalation of the fungi of straw, and those felt in an attack of intermittent. In the cases thus far given, however, the periodicity peculiar to the latter seemed to be wanting. Whether, if a persistent proving of the fungi should be made, this element would be evolved or not, may be doubtful. From a case, however, which I have yet to give, the last with which I will burden this paper, but which appears to me the most interesting of all, it would seem probable that a prolonged trial of the fungi would exhibit periodicity as an essential element of its pathogenesis.

On the evening of the 11th of August last, J. D., an intelligent farmer called upon me, stating that for some days he had experienced pains in the head, neck, and back, aching and a sense of weariness in the limbs, and general indisposition. He felt better in the forenoon of each day, but about noon he experienced a sensation of chilliness, with an increase of all his symptoms. In the evening he became feverish, and this state continued through the earlier part of the night, followed by profuse perspiration toward morning. He said he had been threshing, and suffered from the dust in the usual way, until he became very unwell. He left off the employment for a few days,

and thought he had perfectly recovered his health. He then engaged in an unusually long and dusty job, when his symptoms all recurred, and brought him to the condition above described. I gave him Arsenicum, and requested him to let me hear of him shortly. It was Wednesday evening when the prescription was given, and on the following Sunday morning he sent for me to visit him. He then told me that the pains in his back and limbs had left him, but that every day about noon he had a return of a creeping sensation; somewhat chilly, followed by slight fever; extreme nervous irritability, so that noises, sudden movements, &c., startled him; loss of memory; great confusion of mind, &c. He passed his nights miserably, still suffering from excessive perspiration in the after part. I gave him Eup. per. for two days, but without any improvement. I then prescribed Sulphate of Quinia in small doses, upon which amendment immediately set in, so that the first paroxysm after taking the medicine was greatly ameliorated, and the next either absent or very slight, and thenceforward convalescence progressed without any interruption. I saw his wife about two weeks prior to this date (October 23d), who told me that his health was then, and had been for some time past excellent, but that his night-sweats had continued for some time after I last saw him.

This case will be regarded by some as one of intermittent fever. I do not consider it such for several reasons; the chill was never so distinctly pronounced as in genuine intermittent; the precursory symptoms, aching of limbs, pain in the back, &c., lasted longer; genuine intermittent does not occur here, except the patient has been exposed to its miasm somewhere else, and this patient was not. I have practised here for more than twenty years, and have never met with a case of fever and ague originating primarily in this locality, except a few one very wet summer, perhaps fifteen years ago. Besides, if this had been a case of genuine intermittent,

others would most probably have occurred in the same neighborhood, which did not happen; and lastly, there has been no relapse, which mostly occurs in intermittents.

Strongly as the symptoms of the straw fungi resemble those of intermittent fever, I am unable at present to say whether or not this agent would prove remedial in that disease. As I have said, it so rarely occurs here, that I have not had suitable opportunities for testing it. Parcels have been distributed for trial, but as yet I have had no report of its success or failure.*

Coryza, sore throat, and inflammation of the eyes, do sometimes occur as effects of the straw fungi, but seem to be far less common than the symptoms above described. So far as my observation extends, I think they oftener happen to those engaged in threshing clover-seed. As to any eruption on the face, chest, or body, resembling that of measles, I have never experienced such in my own person, nor seen it on others; I do not say it never appears.†

But to bring this paper to a close, which has perhaps already been extended beyond due bounds, it is strongly recommended to our professional brethren, to procure, prepare, and try in practice the fungi of straw, and especially of wheat-straw. Any one can readily furnish himself with the article, by wetting some wheat-straw, packing it closely in a box, fastening down the lid, and setting it in a warm place. When the fungi are formed, the straw can be taken out, dried and shaken, or rubbed over paper or glass, upon which the dust or powder will collect. This can be prepared for use by trituration with sugar of milk.

* Since the reading of this paper I have met with a well-marked case of intermittent fever, which *seemed* to be speedily and satisfactorily cured by the use of the fungi alone. The case was a very interesting one, the details of which I hope, with the permission of the Editor, to give in a future number of this journal.

† The persons in whom I have observed the effects of straw fungi, I think, had all previously had an attack of measles, and this circumstance may have prevented the development of the eruption and other symptoms peculiar to that disease.

An agent producing such distinctly pronounced symptoms, so powerful and uniform in its action, must certainly have its therapeutic value. Whether this be in the cure of intermittents or measles, or both, or some other disease or diseases, we can scarcely doubt but it will richly repay careful and persevering experimentation.

CARBOLIC ACID.

BY CHARLES H. HAESELER, M.D.

(Continued from page 176.)

Therapeutical Action.

FROM the foregoing observations of symptoms produced, so distinct and definite in their character (and I have endeavored in making out this pathogenesis, to avoid giving any of those many little and doubtful manifestations, with which similar reports are so frequently involved), I determined at once to make use of it as a therapeutical agent, with the following results in cases where a careful record was kept.

CASE 1. Mrs. M——, of Minersville, Pa., aged 42 years, apparently of bilious temperament, complexion sallow, figure spare and lean, height five feet and six inches, weight 110 lbs. Called on me first during the last week of May last. Had a troublesome, 'dry, hacking cough, and could retain hardly anything on the stomach; always vomited shortly after eating; had a great deal of pain changing about from stomach to sides, especially the right side, and chest; troubled with flatulence and constipation; menses regular. Has had four children, the last of which is eight years of age. During the past five years has been doctoring almost constantly, but never relieved. Some have pronounced her case of a tubercular character, but from a thorough physical examination, by percussion and auscultation, I have discovered no

abnormal condition of the lungs whatever. Diagnosed her case as thoroughly dyspeptic, and the cough a nervous and sympathetic one, occasioned by irritation of the pneumogastic nerve. Gave her Arsenicum 3, the doses to be repeated three times a day. June 6th, patient thought she felt a little better, but nothing to boast of. Still thinking the remedy I had given correct, gave her Arsen. 30. A week afterwards, finding no improvement, gave Nux Vom., and subsequently Ipecac, Pulsatilla, Ignatia, and Aurum. Still she remained pretty much the same, when, July 14th, I gave her a solution, one-tenth of which was Carbolic acid, and bade her take 30 drops in half a wine-glassful of water three times a day, *after* each meal. In a week she returned, saying that she was a great deal better. The cough was much less troublesome, and she did not need to reject her food on the average more than once a day. Her appetite was a little better; she had much less pain than she had been accustomed to, and her bowels were less constipated. Gave her Carbolic acid of the second decimal dilution, which she took regularly until August 20th, when she came to me perfectly delighted, and reported herself almost cured. I still continued the remedy, and last week (September 10th), her husband called on me to know whether she should keep on taking it; that he did not think there was anything the matter with her any more; that she had a good appetite; wanted to eat five meals a day; never vomited; had no pains, nor cough, and had gained 10 lbs in weight.

CASE 2. Mrs. B——, aged 39 years; nervous, sharp-featured, small, thin, and frail in appearance; has been afflicted for many years with dyspepsia, but manages to be about and attend to her household duties. Her condition is at times greatly aggravated; has had periodical spells of diarrhœa, followed by constipation; frequently complained of colicky pains, soreness in stomach and bowels; hæmorrhoids, with great tenderness in the rectum at all times; external piles; sometimes bleeding and internal;

has had four miscarriages that were very tedious and accompanied by great loss of blood, followed by œdema of the feet, hands, and face, with soapy, colorless complexion.

Gave her Acid carbolicum $1\frac{1}{10}$. It acted like a charm. From frequent disappointments she had become indifferent to the taking of all medicines, but after taking this remedy a week, she sent me a message that she was greatly improved, and wanted more of the same medicine. Gave her the first centesimal dilution, and two weeks subsequently she called, in high glee, all ready for a three weeks' visit among her friends in distant parts, and wanted to take a plentiful supply of medicine along. Said she was sure it was just the thing for her, and had hopes of becoming as sound and healthy again as ever.

CASE 3. Mrs. M——, aged 47 years, residing at Tamaqua, Pa., had dyspepsia and hypochondriasis. Imagined herself much worse than she really was, and had been physicked soundly for her belief, by all manner of doctors, during the past number of years. Her catalogue of symptoms would constitute a goodly volume, so there is no space to enumerate them here; it suffices to say that she was the most miserable of miserable wretches—the sickest of the sick.

Gave her Acid carbol. $1\frac{1}{10}$; after taking which for a month she declared herself better than she had been for years; and at last accounts she too went visiting remote friends, to the great astonishment of all who knew her.

CASE 4. Was summoned by Dr. C. B. Dreher, to meet him in consultation over a case of climacteric and dyspepsia,—a Mrs. B——d, also of Tamaqua. This lady, aged 50, was confined to bed, and, indeed, quite sick. She had latterly experienced great trouble with her menstrual returns, which had been very irregular, sometimes too frequent and at other times five or six weeks would intervene between them, in which latter event, she would generally make up for the long rest by a flow continued for

from one to two weeks, very copious, and very depressing in its effects. At present she had excessive menorrhagia, which had come on the week previously, and continued uninterrupted, debilitating her very much. She had sinking spells, during which she believed that she would die; her skin being cold and clammy, and of a sallow, soapy, and bloodless complexion. She had moreover great irritability of the stomach; could not eat anything, and if she did, it lay heavy and troubled her a great deal. She had a great deal of flatulence, and was annoyed by long spells of acid eructations; also by much fulness, and a swollen feeling in the throat, with a constant disposition to swallow what appeared to be all the time coming up—the real globus hystericus. Her bowels were irregular, sometimes constipated, which was generally followed by a reactionary diarrhœa. She had received judicious treatment at the hands of her attendant physician, yet all had been of no avail, and she was now in a condition considered by all extremely low. I suggested the use of Carbolic acid, in half-teaspoonful doses of the first decimal dilution, repeated every three hours, and she immediately improved thereon. Some days subsequently, the frequency of the doses was reduced to three times a day, which she is still taking, and deriving great benefit from the medicine. The patient is highly delighted, and is about the house again, to all appearances much better than she has been for a long time past.

CASE 5. A child, 12 months old, had evidently meningitis or acute hydrocephalus. It had commenced with cholera infantum; but when I saw the little patient first, it was constantly agitated, moaned continuously, and occasionally uttered a piercing cry; did not recognize any one; had grinding of teeth (of which it had already eight); partial convulsive movements; stiffening of the extremities; retraction of the head; alternate contraction and dilatation of the pupils. The vomiting with which its disorder commenced had ceased, and its bowels

became constipated, with the abdomen retracted. All the while there was fever; a cold, clammy moisture on its head; the fever changing, being sometimes more and sometimes less; the pulse irregular; the respiration also uneven and irregular, being sometimes more and other times less frequent than natural. I gave Aconite, Arsen., Bellad., Gelsemin., Merc., without any apparent change in the symptoms whatever; when, on account of the head symptoms of Carbolic acid, it occurred to me to administer that remedy. The second centesimal dilution was accordingly administered, at intervals of two hours, and on the following day the child manifested some signs of improvement. It seemed to have lucid moments when it recognized its mother; had had a full healthy movement from the bowels; micturated freely; was covered with apparently a healthy perspiration; and all the symptoms appeared somewhat mitigated in character. Gave Acid. carbol. 3_{100} , to be repeated every three hours. The child continued to improve, and in a week afterwards was entirely out of danger. This was undoubtedly a remarkable case of recovery, and so distinctly and undeniably the result of this remedy, that I confess to having been filled with enthusiasm about it—enthusiasm that was modified by, unfortunately, another case, apparently similar to the last, in which the remedy was of no avail.

CASES 6 and 7. These were twin sisters, 9 months old, who were affected more or less during the summer months with vomiting and diarrhœa, assuming at times a very grave form; and as they were being raised by the bottle, my apprehensions regarding them were constantly on the *qui vive*. The irritability of the stomach at such times was very great, throwing up everything they took, with constant desire to drink water, which, however, was not retained any more than other substances; the passages from the bowels were frequent, like rice-water in appearance, and very offensive to the smell, resembling the odor of foul eggs, so peculiar to this complaint. I found, after

trying many other remedies, such as Arsen., Veratr., Euphorb., &c., that none of them answered as well as the Carb. acid, which I gave them in the first centesimal dilution.

CASE 8. Mrs. S——, aged 42, has been all her life afflicted with periodical spells of sick headache; the spells recurring at least once a month, and nearly always either immediately before, during, or directly after the menstrual periods. The attacks almost always locate over the right eye, affecting this so that she can scarcely keep it open. She says too, that her brain appeared to be compressed as in a tight bandage. Sometimes the attacks are accompanied with sick stomach; at other times not.

Gave her Acid. carbolic $1\frac{1}{10}$ to take while she had an attack; and it shortened the duration of her suffering, and modified its degree very materially. Advised her to take the remedy after breakfast and supper, which she has done for nearly six weeks; and has not only had no spell of headache since, including the time of her last menstrual return, but feels greatly benefited in health otherwise.

CASE 9. Mrs. C—— had suffered from a very painful and protracted attack of neuralgia of the right eye and temple. It had continued nearly two weeks with scarcely any intermission, when she consulted me. At once prescribed Acid carb. $1\frac{1}{100}$, which entirely relieved her within the following 36 hours. The relief was permanent.

CASE 10. A gentleman had dysentery; the discharges were frequent and composed of blood and mucus, the latter appearing like shavings of mucous membrane; there was much tenesmus, and great tenderness over the transverse colon; tongue dry, and coated with thick yellow fur; excessive thirst and high fever, the pulse beating at 110 per minute. The patient had taken a dose of castor oil with 15 drops of laudanum, the day before my seeing him; and the evening previously had taken an injection of starch and laudanum. In the morn-

ing after, being the day of my visit, he was greatly aggravated, and continued so, in spite of my remedies, until the day after, when I gave him Acid carbol. in half teaspoonful doses of the first decimal dilution every hour, whereupon he soon gave evidence of improvement, and on the fourth day after was entirely restored.

CASE 11. Jennie C——, aged 14; has organic valvular heart disease, the result of inflammatory rheumatism when she was six years old. The beating of her heart for years past has been fearful, and at night the dyspnœa and consequent suffering very great, so much so, that her mother, on many occasions, did not think that she could survive till morning. The bellows murmur is very strong at all times, and most distinct over the region of the mitral valve. She is always worse at night, upon the least indiscretion in eating; is obliged to walk very slow; cannot ascend stairs or any considerable acclivity without being perfectly exhausted by the effort. Has been almost continually under treatment (allopathic) since she was first taken sick, but without the least benefit accruing therefrom. Commenced treating her about three months ago. At first gave her Arsen. in the 200th potency; no relief following in a week, gave her grain doses of the first centesimal trituration. In two weeks more, still seeing no signs of improvement, gave her Cact. grand. in the 200th potency; continued this for two weeks without any effect. Then gave *Acid carbol.* 1_{1000} , to be repeated three times a day, and when she had taken it ten days, her mother assured me that her daughter was, without doubt, much better, having hardly any difficulty at night from dyspnœa or pain, and being much improved in her digestion. Two weeks later, which was a few days ago, I was told that the improvement still continued to progress; that she could walk farther, and exert herself generally much more, without reaching the point of fatigue. I do not desire to advance the opinion that a radical cure of the organic difficulty will result from this

remedy; but if the functional disturbance accruing from the disease continues to be ameliorated, even this will be an advantage of great moment, and should by no means be overlooked in studying the merits of this remedy. I shall continue to watch the progress of things in this last case with great and hopeful interest.

CASE 12. Charles C——, aged 19, of florid complexion and general appearance that would not indicate disease of any kind, complained, however, of a short, dry, hacking cough, and of passing an excessive quantity of urine; so much that he thought he was greatly debilitated thereby. Was obliged to get up at least three times every night, and void no less than a pint each time. This state of things had existed for some four months, since he first noticed it, and he was getting alarmed. On applying Moore's and Trommer's test to his urine, I found unmistakable evidences of sugar therein. Recollecting the case of the young lady, reported by Dr. Pinkham, who had taken the enema of Carbolic acid for ascarides, and who, among other symptoms, had a "copious flow of limpid colorless urine," I gave this young man the acid in the third centesimal dilution. In two weeks after, he reported himself much better, had very little cough left, and needed only to micturate once during the night. I then gave him the 10th centesimal attenuation, and in two weeks more he reported himself entirely recovered.

Dr. Fergus, in an article on the subject of this remedy published in the *British Medical Journal*, says: "I wish to call your attention to its use in the treatment of enteric fever. More than a year ago, a medical friend asked me to see his child, under two years of age, suffering from a severe attack of fever of the enteric type. The diarrhœa was excessive, and of the usual character. We could not bring it under control by the usual remedies, and our patient appeared to be sinking, when I suggested the use of Calvert's Crystallized Acid in half-grain, afterwards increased it to two-thirds grain doses every three hours.

The child took the medicine in sugar and water without difficulty. In less than twenty-four hours the character of the stools was changed; they became much darker in color, and of a more consistent nature. In a day or two we had no more trouble with the diarrhœa; and our patient, after having been considered hopeless by more than one medical man, recovered."

Thus then we see from all these cases, what a wide and diversified range of application this remedy enjoys. In every instance above recorded, its absolute utility was impressed upon my mind, unmixed with the least shadow of doubt. Yet it were an unjust degree of partiality not to mention also, that other cases occurred where the remedy, though apparently indicated as fully as in those named, nevertheless failed to meet my expectations. But this, unfortunately, is a fate to which we are accustomed with all therapeutical resources; and even the great homœopathic antiphlogistic, Aconite—the Alpha and Omega of our *Materia Medica*,—with which, as with a coat of mail, we gird ourselves to attack a fever, becomes at times a useless burden on our shoulders.

Chemico-Therapeutical Action.

By this designation may be understood the relation of Carbolic Acid to those conditions of impurity and degeneracy of organic tissue, as well as its antagonism to all manner of parasitical invaders of the human economy, where its application may be required in a lower and more material form, and in contradistinction with its character as a *dynamico*-therapeutical agent. It is in this character that it has constituted the subject of the great laudations from our allopathic brethren. And though the quantity in which it has generally been made use of, even in this respect, probably exceeded by far what was actually necessary, yet its material application upon this principle is so clearly a right belonging to the homœopath, as well

as to the old-school practitioner, that a statement of its record in this manner of action is but a requisite addendum to its history as a homœopathic remedy. I will, therefore, from pretty liberal researches through the allopathic works, endeavor to convey a general and brief idea of the uses to which this medicine has been applied.

W. Kempster, M.D., of Utica, N. Y., contributes a paper to the *American Journal of Medical Sciences*, July, 1868, page 33, on Carbolic Acid as a remedial agent. He recommends its use in nasal catarrh and ozæna, applied by means of the atomizer; the spray thrown up the nostrils being of an aqueous solution of the acid, of the strength of one grain to the ounce of water. Now this is certainly not a very strong topical application, and yet is adequate to neutralize the disagreeable fetor emanating from this disease, as well as to induce a healthy action of the parts involved. He also thinks he has used the remedy with advantage in scarlatina, both as a gargle and internal remedy; and commends it as an injection in gonorrhœa (2-5 grs. to fʒi); as a remedial agent in tinea capitis; as a disinfectant application to foul ulcers; and as a destroyer of vermin, for which he uses a glycerole (grs. x, to fʒi). In reading the following paragraph which is extracted entire,* it will be seen how analogous Dr. Kempster's experience, in the treatment of dyspepsia and hypochondriasis, was to that in connection with several cases described in the preceding pages. "In the State Lunatic Asylum at Utica, Carbolic Acid is successfully used to relieve cases of sluggishness of the bowels, accompanied by offensive breath. The dose is a drachm of a solution of one grain to the ounce" (which is a little stronger than a grain of our first decimal strength). "A striking exemplification of the efficacy of this remedy occurred in the case of a *melancholic patient* admitted to this asylum. He had for a number of years suffered from

* Half-Yearly Compendium of Medical Science, part iii, page 40.

attacks of dyspepsia, accompanied with acid eructations, and the formation of gas. Latterly these symptoms became continuous. He complained of intense heat and *pain in the stomach*; stated that the eructation of fetid gas had become unbearable; and the same smell emanated from the cutaneous surface, so that it was offensive to every one in the room. He was at once put into a warm bath, then thoroughly washed with a solution of the acid (gr. v to the ounce). Internally, two drachms of the standard solution (gr. i to the ounce), were given three times daily for two days. At the end of this time the breath was sweet, and no unpleasant exhalation from the skin was perceptible. He was also relieved from the painful distension produced by the formation of gas in the stomach and bowels. Whenever he feels the approach of this difficulty, two or three doses of the house preparation relieve him at once from this unpleasant and painful complication."

The colonial surgeon of Sierra Leone states, in the *British Medical Journal*, that he finds Carbolic Acid superior to any other application for treating the foul ulcers connected with cases of leprosy. Some cases absolutely unapproachable from the stench, have, after one or two dressings, become free from offensive odors. He also recommends a weak solution for sponging the skin, as an effectual safeguard against that insupportable pest of tropical climates, the sleepless, ever-voracious mosquito.

Dr. Wm. Nick. Pindell, reports a case in the *Medical and Surgical Reporter*, vol. xix, page 145, of a flap amputation at the middle of lower arm, upon a negro aged 66, to which he applied a solution of Carbolic Acid before bringing the parts together, and afterwards dressed the stump with the same, to the end that in fifteen days perfect union had taken place, not twenty drops of pus having been discharged. The acid gave the patient pain for two hours after its application, and *he suffered with headache* for several hours, which was attributed to the Chloroform which had been used; but pain in the head is such

a prominent feature in the pathogenesis of Carbolic Acid that I am confident it was that, and not the Chloroform which occasioned it in this instance. The same physician, in the same place, reports another case—one of diphtheria, in a boy aged 13. Found him suffering from this disease with patches on both tonsils, fauces, and uvula. He first used the old-fashioned treatment (not necessary to describe here, but on the disease continuing to extend, with deglutition more difficult, and breathing more obstructed, he felt satisfied that the patient could not live, and abandoned the treatment; but ultimately resolved upon using the Carbolic Acid solution (xv grs. to the ounce) as a gargle, bidding the patient to swallow a small portion of it. Soon every general symptom improved, patches of false membrane turning dark, thin, and losing their attachment to the throat, and in two days he was completely restored.

A severe case of carbuncle upon the hip of a lady, aged 50, was also treated very successfully by the topical application of the same solution of Carbolic Acid as had been used in the preceding case.

Dr. P. W. H. Jones, of Liverpool, writes to the *London Lancet*: "I have found Carbolic Acid eminently curative in the treatment of favus, pityriasis versicolor, and chronic vomiting in which the presence of sarcinæ was detected, and in several other diseases having a cryptogamic origin."

During my sojourn in Paris, Carbolic, or, as it was then named, Phenic Acid, was extensively employed by several of the most eminent physicians in that city, in the form of inhalation, in the treatment of phthisis and chronic bronchitis, under the belief that the above diseases, if not caused, were certainly aggravated by the presence of one or other of the many parasites to which the human body is liable, as would appear from the recent investigations of the many able men who have directed their attention to the parasitic origin of disease.

If disease, and especially that multifarious form depend-

ing on organic change of structure, is indeed of parasitic origin—and who shall, knowingly, in the face of all the recent microscopical discoveries, say that it is not—and if this substance, Carbolic Acid, contains within itself an antagonistic element against all these pestiferous parasites, does it not seem reasonable that the remedy should be entirely adequate in the attenuated form? If the disease *cause* is of a subtlety so minute that the most powerful microscopes still leave a doubt about its identity, the disease *remedy—if it is the right one*—needs surely to be no other than of a microscopic or infinitesimal nature likewise.

Dr. Jones, above quoted, adds, “From the experience I have had with Carbolic Acid as a remedial agent, I am inclined to estimate it as holding a very high position in our *materia medica*.”

Dr. Fuller, in the article already referred to, found during his extensive experiments at St. George's Hospital, that the medicine had a most satisfactory action in the treatment of dyspepsia—especially of the fermentative class—accompanied by the copious evolution of gas from the stomach, and the discharge of fetid evacuations from the bowels. He says: “Administered in six or eight minim doses, it stimulates and is extremely grateful to the stomach; it causes an immediate evacuation of flatus, and, by checking fermentation, it puts an end to the evolution of gas, which forms the most distressing feature of many varieties of dyspepsia.” Now this result was that of chemical action, and not, strictly speaking, therapeutical at all. The doses administered were entirely too large for us to attach any special value to their action, except in as far as the drug may be used, like chloride of lime and kindred disinfectants, to deodorize and purify the bowels, as one would a sewer or a stinking drain. Had he, influenced by a wholesome fear of the medicine, given it to the miserable dyspeptics in his charge in infinitely smaller doses, his astonishment would have been great;

for he would then have found results more gratifying and satisfactory in proportion as his doses had been smaller.

Under the same delusion he expected to find good results from its use in typhoid or gastric fever, in which he thought, *à priori*, beneficial results might be looked for. But he was unable to observe any "controlling influence;" and there is no doubt whatever but that it was solely because the quantities in which he gave it were entirely too large. In one case, that of James J——, ten minims were taken every three hours for eighteen days, without, he avers, any good resulting therefrom. No, indeed! It is a wonder that, having typhoid fever already, the acid did not corrode its way through the bowels, inasmuch as perforation of the intestine is not an uncommon occurrence during the progress of this disease, even without the aid of so powerful an ally. But had he only been content to try what half or quarter grain doses could do for James J——, in his great affliction, he would have found, as I have, that the remedy has a great control, and never a pernicious influence over this disease.

Dr. Waring lauds the remedy, as very valuable in the flatulence of old age, depending on imperfect digestion; and in diarrhœa, resulting from bad drainage.

Dr. Godfrey anticipates much good from it in the treatment of cholera; and commends its use in all affections arising from miasma or sewerage exhalations. Also in nasal polypi, ozœna, and putrid discharges from the mouth, throat, nostrils, ears, rectum, and vagina. In stomatitis, aphthæ, diphtheria, fetid perspiration of the feet and arm-pits. The solution may be injected into sinuses leading to diseased bone, where it promotes the exfoliation of the necrosed portion. Applied to hæmorrhoids Carbolic Acid corrugates and obliterates the sac. It coagulates the contents of the pile, which may be squeezed out, the opposing surfaces approximated, and healthy union occasioned in the place of the sac. In scabies, the local application of this remedy, in the form of a lotion

or ointment, soon effects a cure. It destroys pediculi of all kinds in one application. A small quantity of a strong solution of the acid well rubbed into the hair, and after a quarter of an hour washed out again with soap and water, will kill any insect that may have established itself upon the scalp.

One use of the acid there is where a form perfectly material—though still in a very weak dilution, say five drops of the pure acid to a pint of water—may be practically advantageous. This is for the purpose of rinsing out the mouth after eating ; and its object is to prevent the decay of organic matter which lodges between the teeth, and the decomposition of which constitutes one of the chief irritant causes of the early destruction of the teeth ; as well as a source of gastric irritation, by the commingling with the saliva of the putrescent particles.

In the columns of the *London Lancet*, Professor Lister, of Glasgow, was the first to bring before the medical world the uses to which Carbolic Acid could be advantageously applied ; and it is not unlikely that, as the experience of other men, who will make use of the remedy, shall be added from time to time—and especially in its homœopathic relation to disease—it will ere long be honored with one of the most prominent and conspicuous places in the grand galaxy of our *Materia Medica*.

(To be continued.)

KEY-NOTES ; OR, CHARACTERISTICS.

BY HENRY N. GUERNSEY, M.D.

(Continued from page 187.)

Cannabis sativa.

I USE this drug more frequently for *gonorrhœa* than for any other disorder, and I use it more frequently for *gonorrhœa* than any other remedy. I am always governed, in

prescribing for gonorrhœa, by the totality of symptoms; the most characteristic symptoms indicating this remedy being located in the genito-urinary apparatus, as follows:

Soreness to the touch of the urethra, throughout its entire length, or pain during micturition. Smarting or burning throughout the track of the urethra, or near its orifice. Stitches or fine dartings along the urethra, between the acts of micturition. Sometimes there is a tearing along the urethra in a zigzag direction. When walking the urethra and the penis are so sore that the slightest touch of the pantaloons or shirt is intolerable; he must spread his legs far apart in walking, or is obliged to suspend the parts in such a way that no friction can be felt. As an attendant symptom there is a painless discharge of mucus, more or less profuse.

In the *genital organs* we may find, swelling and tenderness of the glans penis, or of the frænulum and prepuce at their junction; inflammation and dark redness of the prepuce; burning and stinging in these parts; piercing pains in the penis, when at rest or during motion.

When Cannabis is indicated as above, I never give but a single dose of the 2^c, at first, and often make a complete cure without a repetition. The fundamental rules of Homœopathy, as laid down by Hahnemann, apply equally here as in all other cases. As a general rule, I do not repeat the dose until after six days have elapsed, and if improvement is manifest at that time, repetition will most likely be unnecessary.

I have observed some forms of *obstinate constipation*, in which the bowels had not been moved for weeks without an injection, to yield promptly to a dose of Cannabis sat., 2^c; the selection of the remedy being guided by the accompanying urethral symptoms. Constipation with retention of urine, where the patient observes that a prolongation of the constipation always finally results in retention of urine.

It is sometimes available in *typhoid fevers*, where stran-

gury exists, and there are other troublesome urethral symptoms.

Cannabis sativa should be thought of where there is an *over-excitation of the sexual instinct*, in either sex; but particularly in the case of women who are sterile.

Painful *jerks* or *pushes* in the abdomen, as from some living creature therein;—also a sensation as of pushes or jerks in the chest, about the heart, in the stomach, or in other interior portions of the body.

Impotency from sexual abuse.

Threatened Abortion, complicated with gonorrhœa; or occurring from too frequent sexual intercourse.

THE SAND-BATH.

BY J. SCHWABE, M.D.

(From the Deutsche Klinik, 1869.)

TRANSLATED BY S. LILIENTHAL, M.D.

THERE are at present in Germany two institutions, where the warm sand is systematically used as a therapeutic remedy; one in Koestritz under the auspices of Dr. Sturm, the other in Dresden under Flemming. Every bath consists of four connected rooms. In the first, the sand from the river (clear and run through sieves), gets heated on a large iron plate, 10—12 feet long and 3 feet wide, till it reaches a temperature of 36—40° R. (about 100° F.). The careful and equally distributed heat of the quantum of sand required for each bath (about 700 pounds), is effected in mixing hot and cold sand. Through a movable tube of about 2 inches diameter, and perforating the wall between the two rooms, the sand runs in the next chamber in a box, looking like a coffin, 6—7 feet long and running on wheels, the bottom of which will be covered with about 4 inches of hot sand. The patient, covered with a light sheet, lies down in the box, and hot sand is poured over him from the tube, till it covers the whole body, with the exception of the head, for several inches. The box with its load is then wheeled into the adjoining airy room, where our patient, who cannot perform the least motion, has to await

patiently the copious sweating, coming on after a few minutes. The body, which is covered with the sand, hardly feels any discomfort, as the sand absorbs immediately the perspiration, but from the head and face perspiration runs in streams, and it keeps a servant constantly occupied, to wipe off the perspiration. The pulse soon becomes frequent, and the temperature under the tongue rises several degrees. Some can remain in the bath for a full hour. A large quantity of moistened sand drops from the patient when he leaves his bath. He enters now the adjoining bath-room, and takes a short warm bath of 29° — 30° R. (80° F.) ; returns then to his own room, and goes to bed for an hour, in order to keep up the continuing perspiration.

The effect of heat on the body is different in the sand-bath, from that of hot water or steam. In the water-bath it would be impossible to bear such a high degree of heat, at 100° F. and over, for a water bath of only 75° may produce hazardous congestions. Higher temperature than 75° , is frequently applied in the steam-bath, but the effect of hot air or steam on the skin is less intensive than that of hot sand, as the latter is a better conductor of heat. As steam affects also the respiratory organs, it would be impossible to remain as long in a steam-bath as in a sand-bath.

Dr. Schwabe suffered for three months from a chronic rheumatismus of the joints, so that he could not leave his bed ; and neither the application of hot baths nor the use of the usual remedies brought the least relief. He arrived in Koestritz in the following state : shoulders extremely painful and muscles as if paralyzed, so that he could hardly move his arms backwards or upwards ; the third, fourth, and fifth fingers of both hands immovably flexed in the palm of the hand ; he could move the joints of the knees, but full extension was impossible ; an angle of 165° was the utmost. He could only walk with great pain, and he had to be carried to and from the railroad. For four weeks he used daily, in the morning, a full sand-bath, and in the afternoon for several hours local sand-baths of 120° F. for his crooked fingers, with great benefit. Already after the sixth bath he could take a long walk for an hour without fatigue ; the copious exudation in the synovial capsules of the knee-joints, which prevented extension, passed gradually off, the painfulness and difficult motions

of the shoulders decreased, and he could open the fingers again, and even after reaching home the beneficial long-lasting effects of the sand-baths showed itself, as after a few months there remained only a slight flexion of his little fingers of all his former severe sufferings.

CLINICAL CASES.

BY T. DWIGHT STOW, M.D.

(Read before the Central New York Homœopathic Medical Society.)

Three cases of Intermittent Fever—Natrium mur.—Ipecac.—Pulsatilla.

MISS ELIZABETH H——, aged 18 years, having dark brown hair and brown eyes, was having a quotidian intermittent during the month of June, 1869. Chill light, and with little thirst, at 1 A. M., slight thirst, blue lips and nails, pallor, headache, pains in bones, bruised sensation in flesh; fever, with much thirst, great frontal headache, beating in temples, drowsiness, frightful dreams of falling or walking in giddy places; lastly, copious sweating with much thirst for cold water, and marked mitigation of symptoms.

Nat. Mur. 2°, cured her in one week, and up to this time, September 16th, there has been no return.

Washburn M——, aged 44, brown hair, blue eyes, light complexion, was taken June 29th, at 9 o'clock A. M., with a shaking chill, chattering of teeth, blue nails and lips; chill lasted one hour, no thirst. Next, fever with slight thirst, moaning, sighing; slight heat; restlessness; pulse large and soft; tongue coated white and thick; frontal headache; diarrhœa, stools yellow and painless; internal heat with external coldness; drinks but little; has much nausea and vomiting; albugineæ yellow; perspiration staining the linen yellow.

Three prescriptions of Ipecac 2° cured him in four days.

Mrs. Charles T. W——. Quotidian ague coming on at 3

o'clock, p. m., at first, and the subsequent ones coming on at 1 o'clock, a. m. This lady has red hair, light skin, and freckles easily. During the chill she had great coldness, with shuddering, chills coursing up and down the back, with aching and drawing, having pains in bones and muscles of hips, chilliness lasting three-quarters of an hour. Fever high, with faintness and restlessness from want of air, and heat of room. Considerable perspiration after fever, but easily chilled. Cannot remain in the warm room; it almost suffocates her. Pulse small and quite full; tongue moist and coated a dirty white; not a particle of thirst.

Three prescriptions of *Pulsatilla* 2^c quickly cured her.

CLINICAL EXPERIENCE.

BY HENRY N. GUERNSEY, M.D.

Jaundice—Plumbum.

CASE 8. On September 19th, 1869, I prescribed for a case of jaundice. The lady had "always been very bilious," as she termed it. She is now 36 years of age, and has travelled much abroad, and in this country. She always has been relieved of her "bilious attacks" by heroic treatment, but thinks she cannot endure its severity any longer. She now feels weak and exhausted. Her skin and the whites of her eyes are very yellow; the urine is also very yellow, and stools very light in color; she complains of much nausea, particularly in the evening, or at night, when she vomits her food; she is restless, and her sleep is broken at night. She is not able to leave the bed.

At 11 o'clock, a. m., I gave her a dose of *Plumbum* 2^c, on her tongue. On that afternoon and in the evening she had greater nausea than before, and felt very badly, but did not vomit. The next day she was a little better; on the next the stool was of a more natural appearance, and

the urine of a lighter color ; and on the 26th, just eight days after the first and only dose of medicine had been given, I discharged her cured. I met her afterwards, on October 18th, at a friend's house, when she expressed her great satisfaction with "the mild treatment that cured and gave strength at the same time."

I always prescribe Plumbum in cases of jaundice, where there is the conjunction of symptoms of the skin, eyes, urine, stool, gastric derangement, and sleep, as above. I also find it invaluable in some forms of colic.

Croup—Tartar emetic.

CASE 9. The following case of croup came under my care recently. The history of the case showed that the attack had been coming on for several days, getting worse every night, until finally I was sent for. The child was three years old. I found it gasping for breath and sitting quite erect, as it could breathe best in that position. The pulse was 130; *very great thirst day and night*, desiring to drink often, but little at a time. The cough had a frightfully hoarse and croupy sound, but below the larynx and apparently at the bifurcation of the bronchia, there was a sound at every cough as though a cupful of mucus were lodged there, and yet there was no expectoration. The head became hot, and sweat broke out at every coughing spell.

The peculiar thirst in this case points to Tartar Emetic, as well as to Arsenicum, and when the other symptoms agree with those of the first-named, as in this case, that remedy should be chosen. This sound of a quantity of mucus—a cupful—lodged in the windpipe, I find to be a never-failing indication for the use of Tartar emetic in croup, pneumonia, bronchitis, &c.; and the presence of a hot and sweaty head during cough, strengthens the indication. I gave Tartar emetic, 2^c in water, directing a teaspoonful to be given every two hours until relief was obtained, and then at longer intervals. The child at first, and soon,

improved, then became sick and faint, and vomited, then rallied, and finally broke out with a fine vesicular eruption in about thirty-six hours, and in a few days was perfectly well. I regarded this case as a very serious one, and am of the opinion that if the medicine had not been repeated so frequently, the child would have escaped much suffering, and would have made a more rapid convalescence.

Hæmorrhoids—Sulphur.

CASE 10. Mr. A. H. F. consulted me, April 16th, 1868, for what he called "bleeding piles." The symptoms were: shooting pains in the anus, with heat and soreness; *he sleeps lightly and awakens very often*; falls to sleep when he attempts to read; the least exertion fatigues him; pain in the left pelvis, extending to the foot of that side, worse when sitting *after* a long walk. At every stool, which is not hard, he passes much blood. He evidently does not get sleep enough, and is wearing out for want of it. I consider the character of the sleep to indicate Sulphur, and all the other symptoms correspond. I gave Sulphur 55^m, one dose, and powders of *Sac. lac.*

April 27th.—Sleeps better, feels stronger, and passes less blood. *Sac. lac.*

May 11th.—Much improved. *Sac. lac.*

May 27th.—Feels nearly well in all respects, excepting that there is no animation for business. I gave *Nux vom.*, 2^m, as I consider that condition of mind particularly indicative of *Nux.*

June 13th.—Reports himself very much better in all respects. *Sac. lac.*

August 22d.—Reports himself quite well, only that in walking far he feels a slight soreness in the anus. No remedy has aggravation of symptoms of the anus by walking so prominently as *Causticum*. I therefore gave *Causticum* 6^m, since which time he has been well.

SOME OBSERVATIONS ON PSYCHICAL DISEASES.

(From *La Rivista Omiopatica*.)

TRANSLATED BY W. JAMES BLAKELY, M.D.

THE observations which I am about to make have reference to maladies purely moral, or which recognize a moral cause; all of them presenting, at the same time, the disturbed health of the mind and that of the body. I will be brief, confining myself to the characteristic symptoms, to those which have guided me in the selection of the appropriate remedy.

Do you wish to know the truth? Seek it in yourselves and in the observation of the facts of your own life.

1. The first case which I had to treat, was that of a lady, an elderly teacher, who was reported to me to be very sick without precisely knowing what ailed her.

I found the patient in bed, with an emaciated countenance and a feeble pulse; to my questions, she replied only with tears; I was unable to learn anything at this first visit. Then I requested one of her friends, who lived with her, to give me some information concerning her. I ascertained that my poor patient had lost her only daughter a year before, that since that time she had not left her bed, and that *consolation only increased her tears and her affliction*. I gave her *Natr. Mur.* 1^m, two globules, and did not visit her again for fifteen days, when I found her sitting up, more tranquil, and able to carry on a continued conversation. The remedy was repeated every twenty days, in the same manner, for three months.

The patient has since resumed her professional duties, and has become an enthusiastic propagatress of homœopathy.

2. The steward of a nobleman had been discharged, his master having been appointed to a foreign mission; there had been no complaint made against him, and yet he imagined that there was dissatisfaction with his work and doubts as to his honesty. From that moment he was seized with a profound melancholy; his daughter alone, whom he tenderly loved, could induce him to take a little food. He avoided all associations; he could speak of nothing but of the misfortune of having lost his position; he conjured up a thousand afflictions, and, in fine, was

constantly in the deepest distress from a cause purely imaginary.

Profound discouragement and desperation. The disease was of recent origin. *Veratrum* 2°, two globules, to be taken morning and evening in a spoonful of water.

At the end of twenty days the cure was complete; there was no more melancholy, no more desolation, no more desperation.

3. A young lady, lately married, came to consult me about some slight gastric derangement. At her second visit, her condition was in no way changed. Finding her with a preoccupied air and a somewhat strange manner, I succeeded by persuasion, and by exhibiting an interest in her case, in gaining her confidence, and besought her to open to me her mind, which seemed to me more affected than the body.

She then made me this singular recital: "I am a fortunate woman, my husband is full of goodness and of regard for me, and shows me the most sincere affection. Well, would you believe it?"—and she began to sob—"when I find myself alone with him, if I have a knife near me, I feel myself seized with an irresistible desire to kill him." I consoled and encouraged the poor afflicted lady as well as I could, assuring her that her trouble proceeded from a diseased condition which I would cure, exhorted her to pray with fervor, and to take, with great exactness, what I would give her.

She received *Nux vom.* 1^m, two globules, after which I heard nothing further from her.

Six months afterwards, a friend of whom I inquired about her, informed me that she had never been so well, that the horrible, fixed idea was dispelled, and that shame of seeing me after the confession she had made to me, had alone prevented her coming to me to return her thanks.

I doubted a little within myself as to the efficacy of *Nux* in this case; I had not at that time, nearly fifteen years ago, the same firm faith which I have to-day in the efficacy of our infinitesimals in the disorders of our moral nature.

But a second fact which occurred shortly after, and in circumstances nearly analogous, under the influence of the same remedy, did not allow me to doubt.

An excellent mother of a family came to see me to deliver a letter of a relative. Asking her about her health, which appeared to me very bad, she told me that for fif-

teen years she had been the most unhappy of women, finding herself persecuted without cessation by a fixed idea, over which she was only able to triumph for a time by means of prayer and the consolations of her pastor. From the moment in which she found herself in the presence of one of her family, it might be a child or her husband, if a knife, a scissors, or any sharp instrument whatever was near at hand, she was seized with a violent impulse to kill, an impulse over which she triumphed only by an indomitable effort of will, but the wretched mania always returned.

Nux Vomica, 24^m, a single globule in twenty-four spoonfuls of water, of which the patient took one spoonful on the following morning, and afterwards one every 48 hours until the potion was finished, produced such an amelioration that she laughed when speaking to me of her fatal desire.

As the malady had existed for a long time, it frequently returned. The persistent use of *Nux*, however, in different dilutions and doses, produced the best results.

I have treated this patient, more or less, for three years, at different times and with the same medicine. Since then, the will-power has attained the ascendancy, and the deplorable temptation has been dispelled.

A third case absolutely similar, except one point of difference consisting in this, that the slightest contradiction excited the homicidal impulse, was cured by four doses of *Mercurius vivus* given at intervals of fifteen days.

Nux has cured when the impulse discovers no appreciable cause—and *Merc. viv.* when it arose from *contradiction*. I will now mention two severe cases of fever in both of which the entire difficulty resulted from mental causes.

In consequence of a reverse of fortune, a lady, a vender of linen goods, was suddenly attacked with a continued fever, into the details of which I will not enter. But I will remark that neither *Acon.*, *Nux*, *Bry.*, nor *Rhus*, produced the slightest amelioration. As soon, however, as I learned that the little fortune of my patient had been lost, I gave, without hesitation, *Ignatia* 24^m, three globules in 12 spoonfuls of water, one spoonful at first every eight hours, afterwards morning and evening.

After the last spoonful, convalescence commenced, and the patient recovered perfectly.

Mrs. L——, a portress, aged 50, a very respectable woman, and whom I had known for twenty years, called me

on account of a very peculiar fever. At certain times she appeared to possess clairvoyant intelligence, and saw the inside of her head, which she described to me very correctly. This very singular condition existed particularly at night, and upon the morrow she retained the recollection of it, and related to me what I called her dreams.

But recovering a little during daytime, she pretended to see her way.* I did not seek, as may be imagined, to explain this extraordinary condition. The patient grew constantly weaker, when finally I learned that the cause of her affection was certain unmerited slanderous reports which had deeply wounded her delicacy and her honor. I then gave her *Ignatia*, which restored her to her normal condition, excepting that the fever continued, accompanied with profound melancholy, and a fear of being poisoned. *Rhus* cured this last symptom, and the fever gradually decreased. But there remained a disposition to swoon upon the slightest movement; she was easily terrified, and was low-spirited. *Veratrum* finished the cure. These three medicines were given in globules of the 12th dilution, in water, a teaspoonful to be taken morning and evening for five days. I shall draw no conclusions from these facts; the reader can do that for himself. But I will make one observation upon the last cure mentioned.

La Bibliothèque Homœopathique of Dr. Chargé has published a case of mental alienation, in a magistrate, following a reverse of fortune; this affection yielded to *Ignatia*, *Rhus*, *Veratrum*, and *Calcareæ*, all of the 200th dilution, and given at intervals of fifteen days, in the order mentioned.

Upon this occasion, my faithful friend Dr. Perrussel asked me how I was able, without having seen the patient, to determine the cure, and to indicate in a single consultation the four medicines which had succeeded so well.

He was reminded that the portress of the preceding observation was cured with *Ignatia*, *Rhus*, and *Veratrum*, and that, in other cases, the same medicines given in that order had succeeded so well, that I believed myself able to administer them successively without awaiting to see the result of each of them. The result proved that my conclusions were correct, for my patient was completely restored to health. *Calcareæ* was added to *Veratrum* because there exists a great analogy between them.

* The particular meaning of *via*, in this passage, is not determined by the context. It has no signification essentially differing from that of "way."

When we know more thoroughly the relationship of the medicines to each other, we shall walk more firmly, and will make the most rapid and splendid cures. At the point at which Homœopathy has at present arrived, we should be able to reach our ideal, which is *to proceed quickly, and with certainty*.—DR. DULAC.

PUBLICATIONS RECEIVED.

IN BOTH WORLDS. By Wm. H. Holcombe, M.D., author of "*Our Children in Heaven*;" "*The Sexes: Here and Hereafter*," &c., &c. Philadelphia: J. B. Lippincott & Co. 1870; pp. 387.

Dr. Holcombe has won a title to a high place among American authors. As poet or philosopher, there is a charm about his writings that is imparted only by true genius; and whether his works be regarded as revelations of the future inducted from the past, and graven in letters of light with a golden pen; or simply as the beautiful fancies of a philosophical mind overpowered with poetical inspirations, they cannot fail of affording much pleasure and consolation; and, striking only the finer chords of the human heart, causes them to vibrate in unison only with the purer things of earth.

In the volume before us, "*In Both Worlds*," is related the story of Lazarus of Bethany, "whom Christ raised from the dead," and who was permitted to view the mysteries of the other world and then return to this. The author introduces his story by the narration of the discovery, in a cave of Mount Lebanon, of a manuscript purporting to be the autobiography of Lazarus, written before his second death, and which, inclosed in a casket, was found lying on the mouldering body of the man at whose sepulchre Jesus wept.

It would be impossible, in our limited space, to do justice to this beautiful prose poem, by extracting some of its choice gems of thought and expression. Suffice it to say that the story of Lazarus and his contemporaries, the interest gathering around that sweetest period of sacred history, and which is impressively maintained throughout, and the beautiful imagery with which, catching almost the spirit of revelation with the spirit of poetry, the author delineates the life to come, conjoin to make this one of the most interesting of books, and mark it as one of the best of the learned author's productions.

REPORT OF THE COMMITTEE ON INTEMPERANCE AS A DISEASE. Read before the Medical Society of the State of Pennsylvania [Allopathic], at Erie, June 9th, 1869. Philadelphia: 1869.

If intemperance can be regarded solely as a disease, then we are willing

to concede that this report is ably presented, and covers the ground very well. And in view of the fact that persons addicted to the use of intoxicating drinks and opium, do get themselves into a greatly diseased condition of both mind and body, no more useful institutions are to be found than those into which persons of this class are received and properly treated, with a view to the restoration of physical and mental functions. But otherwise, we cannot help regarding this report as in a measure an apology for intemperance, or more particularly for the intemperate; and in the treatment laid down for the "disease," the good old motto "*tolle causam*" seems to be lost sight of. The committee say:

"The popular cry is, 'Remove the cause!' If we ask for the cause, the answer is, 'The dramshops and the law by which they are authorized and sustained.' In view, however, of the momentous facts already referred to, your committee must take a broader and deeper view of the causes which indicate this evil. It is alike unphilosophical and unjust to classify social usages and dramshops as the chief causes of intemperance. They are temptations, *not* causes; temptations which are in the way of sober people, as well as of those who drink.

"A cause is an *invariable antecedent*. Drinking at dramshops or in social circles does not invariably antecede the habit of drunkenness, but a susceptibility or a capacity for such a condition must always exist in the person who becomes an inebriate. The dramshop or social glass may only be the occasion."

There is a sufficiency of truth in this argument to make it dangerous, but in our opinion it assumes the form of special pleading that is entirely unwarranted. Would it be thought sufficient to discover remedies that would cure a majority of the cases of typhus occurring in a town where the filthy drain or stagnant pool, pointing itself out as the cause of trouble, was permitted to pour forth its noxious malaria unheeded? It is true that there are occasional cases of intemperance in which it is plain that the vice is inherited, but it would not have been inherited if the father or grandfather of the unfortunate wretch had found no "dramshops" and no "social glasses" to damn his soul and body, and cause the sins of the parent to be visited on his offspring. Liquor and opium beget their own exciting causes, from dram to dram and from drop to drop; and the customs of society, and the looseness of the law, and the apologies for intemperance, furnish the first draught.

Does it not seem strange that in a civilized community, where it is admitted that drunkenness lies at the bottom of almost every tissue of poverty, vice, and crime, places for the procurement of *rum* and *opium* flaunt their gaudy colors at every corner, are fostered by the authorities, municipal, state, and national, and tolerated year after year by a suffering community! There is but one remedy for intemperance—*tolle causam*—*causam* being the materials of intemperance, rum, opium, and their allies. Cure, by all means, those who are drunkards now, by the kindest and best means afforded by the asylums; but do not rest contented with that,

while the vapors of death are continually polluting and poisoning the atmosphere.

SULPHUR AS A REMEDY FOR NEURALGIA AND INTERMITTENT FEVER. By Robert T. Cooper, B.A., M.B., &c., &c. London: Henry Turner & Co.

This very interesting essay belongs to a class of publications of great value to the profession. Intelligent effort to direct attention to certain phenomena of a given disease, to which a given remedy is homœopathic, greatly facilitates the study of that remedy, and makes our knowledge of its curative properties more precise. The author of this pamphlet, referring to Hahnemann's directions in regard to the use of Sulphur in epidemic or malarial intermittents, and recognizing ague and neuralgia as often arising from the same cause, and as analogous affections though of greatly diversified phenomena, was led to use that remedy in both forms of disease, and narrates a single case of tertian ague, and twelve cases of periodical, intermittent, cephalic neuralgia cured under its use. In the case of *intermittent fever* reported, the symptoms were as follows: The attacks come on every second day, at eight or nine in the morning, and last eight or nine hours. "Cold sweat first, then hot; thirst, with heat of the mouth accompanying both stages. The cold stage lasts only two hours, the remainder of the time being taken up by the hot stage. Very violent pains in the back at times; is very weak; weakness increases; can hardly eat anything; is very restless, and perspires a great deal at night."

The form of *neuralgia* for which Sulphur appears particularly appropriate—according to the experience of the author—is, "An intermittent, periodic neuralgia, in which an aggravation takes place every twenty-four hours, generally at twelve or one o'clock, either in the middle of the day or at midnight. The pain is generally of a dull, aching character, steadily increasing up to the critical hour, and then decreasing; very often this critical hour intersects, as it were, the paroxysm equally, leaving as long a time to follow as had preceded it. The pain does not appear to be usually eased by any external application, and is often, though by no means invariably, found associated with carious teeth."

REPORT AND REMARKS ON A THIRD SERIES OF ONE HUNDRED CASES OF CATARACT EXTRACTION BY THE PERIPHERIC-LINEAR METHOD. By H. Knapp, M.D., &c. New York: William Wood & Company, 1869.

It would be a curious study to ascertain whether the increase in number of reported cases of cataract, during these later years, is really owing to a more frequent occurrence of that disease, or to the greater certainty of its detection by oculists. Certain it is, however, that since the introduction of the Peripheric-linear operation of Von Graefe, favorable results following the operation are more assured than before. The above *brochure* gives an account of a third series of one hundred operated cases, two other series of one hundred each having previously been published, and contains many very interesting statements.

Of the one hundred eyes operated on, sixty-nine had *mature cataract* of either hard or soft consistence; sixty-six were operated on with full, one with half success, and two were failures. Thirteen cases had *immature cataract*, that is, the cortical layers were partly yet of normal appearance. In ten of these the results were perfect, in two imperfect, while one was a failure. In eight the cataract was *hypermature*, and of these five were perfectly successful, the remainder being but partially so. In the remaining ten cases of the hundred the cataract was *cortical only*; nine resulted well, but the tenth was disastrous from after-hemorrhage ensuing. In some of the cases with imperfect results, after-operations produced a change to perfect, so that in summing up the general result, it may be stated that 3 per cent. of loss, 6 per cent. of imperfect, and 91 per cent. of good success was obtained.

Forty-fourth Annual Report of the Managers of the Massachusetts Charitable Eye and Ear Infirmary. Boston: November, 1869.

The whole number of patients admitted to this institution during the year ending September 30, 1868, was 4448. Number of patients with diseases of the eyes, 3328; with diseases of ears, 1120. The number of operations were 283. Of these sixty-eight were for cataract—fifty-six being successful, eight undetermined, and four unsuccessful; the four cases of failure were by Graefe's method (peripheric-linear). Seventy-six thousand patients have received professional treatment at the Infirmary since its foundation in 1824, and it is to be remembered that it is not the indolent and worthless of the community who form the class from which these patients come, but chiefly the industrious, who are actively engaged in occupations which cause injuries to the eye, and are ambitious to continue in useful employment. Such institutions should be fostered and encouraged by the state and the people.

HOMŒOPATHIC INSANE ASYLUM. By Geo. F. Foote, M.D.

In this pamphlet are presented arguments to prove the necessity for the establishment of an institution in which the insane may receive the benefits of Homœopathic treatment. Argument in this direction is supererogatory, as it is patent that homœopathy cannot take its true position, as a perfect system of medicine, until its superior efficacy in the treatment of every form of disease, mental as well as physical, has been fully demonstrated. "Let every one, then," in the words of Dr. Foote, "put his shoulder to the wheel, and feel personally that success depends upon action, and in the end we shall see an asylum that shall be a lasting monument in proof of the law *similia similibus curantur*."

The following is one of a series of resolutions adopted by the *Homœopathic Medical Society of the City and County of New York*, Nov. 10th, 1869:

"Resolved, That George F. Foote, M.D., being engaged in preparing plans and soliciting subscriptions for the organization and construction of such an asylum, this society indorse his project, and recommend it to the profession and the community."

SECOND ANNUAL REPORT OF THE ALBANY CITY DISPENSARY ASSOCIATION. Presented October 5th, 1869.

This excellent institution is doing most valuable service not only as a public charity, but, as well, in exhibiting the superior efficacy of homœopathic treatment for all classes of disease. The growing appreciation of the benefits of the institution and of the treatment received therein, is best exhibited by a comparison of the number of prescriptions and visits during its first year (1868) with those of the fiscal year ending October, 1869. In 1868 the number of prescriptions and visits were 1978; in 1869, 5296; being a ratio of increase of nearly one hundred and fifty per cent. The cases treated are classified as follows: Surgical, 559; diseases of the skin, 367; head, 96; face, 21; eyes, 178; ears, 27; throat, 81; lungs, 412; heart, 14; digestive organs, 309; liver, 24; kidneys, 84; bowels, 194; spine, 10; nervous system, 114; of women, 223; of children, 122; zymotic, 610. The cases treated embrace a variety of form and intensity, a part being merely trivial, and of short duration, while many were of a serious character. Several important operations are reported among the surgical cases. The Medical Staff of the Dispensary consists of two Resident Physicians, six Attending Physicians, and an Attending Surgeon.

BULLETIN OF THE TORREY BOTANICAL CLUB. Vol. I, No. 1. New York: January, 1870.

The object of this Bulletin—the initial number of which we have received from Professor T. F. Allen, an active member of the club—is primarily to form a medium of communication for all persons interested in the Flora of the vicinity of New York, but while chiefly devoted to this, it will not exclude matters of general botanical interest. An attentive study of plants in their native haunts is essential to the advance of the science of botany, and in this respect the local observer has an advantage over the explorer of extensive regions, or the possessor of a general herbarium. We trust that Dr. Allen and his co-laborers will meet with the success that should attend so praiseworthy and useful an enterprise. The "Bulletin" will be issued periodically, at a very low price, which has not, however, as yet been determined. Subscriptions and communications will be received by W. H. Leggett, 224 E. Tenth Street, New York City, who is a member of the organization.

THE HOMŒOPATHIC QUARTERLY edited by Rollin R. Gregg, M.D., and his CAUSE OF TUBERCULOSIS, reviewed by E. G. Cook, M.D., of Buffalo, N. Y. Buffalo: 1869.

A copy of this pamphlet has been sent us, probably by its author, marked in such a way that we are led to suppose that the sender expected it would be reprinted by the *Hahnemannian Monthly*. If this was expected, we are at a loss to understand upon what ground the expectation was based. We have no intention of defending Dr. Gregg or his theory of tuberculosis, and particularly as we think that gentleman able and

willing to defend both. We cannot, however, pass the "Review" by without remarking that the arguments of the author are weak, his personal animosity against Dr. Gregg is very plainly expressed, and his insult to the entire profession, to the effect that it is incompetent to judge of the truth or falsity of Dr. Gregg's propositions, and has accepted his theories as a matter of course, is not deserved, and does not strengthen any weak point.

EDITORIAL NOTES.

THE PHILADELPHIA HOSPITAL FAIR.—Our readers will, doubtless, be glad to learn something of this enterprise, and it shall be our object to speak of *what was done* rather than of *who did it*; for although there are many instances of individual exertion worthy of great praise, it does not become us to particularize. A "History of the Fair" is in course of preparation, which will, no doubt, do full justice to all concerned. The influence which has gone out from the fair, in favor of homœopathy, is very great. An important element of that influence is the harmonious working of so many hearts and hands, of persons holding such varied relations of life, under the bonds of benevolence and of homœopathy;—an exhibition of philanthropy worthy the city wherein it occurred, a city of which institutions of charity and benevolence are the chief ornament.

"The Ladies' Homœopathic Hospital Fair Association" was organized in April, 1869, and at that time a full corps of officers and managers were chosen; an executive committee, to conduct the business of the fair, being subsequently selected. These, together with the members of the Association, were all ladies, but an "advisory board" of gentlemen, consisting of five physicians and ten laymen, were appointed by the Association. Meetings were held at regular intervals, except during the extreme heat of summer, and the enthusiasm for the cause steadily increased until the commencement of the Fair, which opened on the seventeenth and closed on the thirtieth of November. There were twenty-two tables, besides several other departments. Each table had its own circle of ladies, and each circle took charge of the business of its particular table, subject to the by-laws of the Association. The Association itself took charge of no enterprise connected with matters of obtaining goods or selling them—this business being transacted by the several tables, each one independently of all the others. The returns from all the little schemes for raising money, such as the post-office, skating rink, museum, art gallery, &c., were made through the tables with which they were connected. The money arising from the sale of tickets at the door, was paid into the treasury without passing through the medium of the tables. The restaurant was conducted on its own responsibility. The money arising from tickets sold by the ladies prior to the opening of the

Fair was credited to the tables with which the ladies were associated. The proceeds of each table, therefore, comprised donations in money, cash received for goods sold, and for tickets sold before the Fair.

Besides those organized by the ladies of Philadelphia, there were tables from Baltimore, Md., Wilmington, Del., Woodbury and Camden, N. J., and Chester, West Chester, Norristown, and Pittsburg, Pa. Handsome and valuable presents were received from Boston, Mass., Easton, Harrisburg, Eatontown, Pa., and from other places not now remembered. The hall was admirably adapted to the purpose, the music was all that could be desired, and everything passed off in a manner most satisfactory. The gross receipts were, \$18,000; net profits, more than \$15,000. By common consent, this Fair was regarded as unsurpassed, in regard of the beauty, costliness, number and variety of goods exposed for sale, by any similar effort in Philadelphia, since the great Sanitary Fair of 1864.

THE PITTSBURG HOSPITAL FAIR.—A Fair for the benefit of this most deserving charity opened at City Hall, Pittsburg, on Monday, December 6th, under the auspices of the Ladies' Homœopathic Charitable Association. On each evening the hall was filled with a brilliant throng of people, intent on enjoyment, and making glad the hearts of the ladies of the Fair, by their patronage. We have no doubt that it has been, as it deserved to be, a great success. The Pittsburg Hospital is a credit to our school in every respect. It is really the most popular establishment of the kind in that city, and, under its efficient medical and surgical staff, is demonstrating, in a most practical way, the superiority of homœopathy in the treatment of surgical and non-surgical diseases.

HOMŒOPATHIC MEDICAL SOCIETY OF BERKS AND SCHUYLKILL COUNTIES, PENNA.—The Homœopathic Physicians of Berks and Schuylkill Counties, Penna., met at Hamburg, on Tuesday, November 9th, 1869, and organized a Medical Society under the above title. The following gentlemen were present: Drs. Chas. H. Haeseler and F. W. Boyer, of Pottsville; C. B. Dreher, of Tamaqua; Samuel Starr, of Ashland; R. F. Krebs, of Hamburg; S. H. Helfrich, of Kutztown; W. F. Marks, of Leesport; and B. R. Bratt, D. L. Dreibelbis, S. R. Rittenhouse, and E. H. Spooner, of Reading. Responses, approving the organization and regretting their inability to attend, were received from Drs. J. H. Behne, of Reading, Chas. Haeseler, Jr., of Pottsville, and O. L. Saylor, of Schuylkill Haven.

Dr. R. F. Krebs was chosen temporary President, and Dr. B. R. Bratt Secretary. A constitution and by-laws were subsequently adopted, and the organization thus perfected. Meetings will be held semi-annually, on the last Tuesday in April and the last Tuesday in October. The next regular meeting will be held in Reading, upon which occasion Dr. Chas. H. Haeseler will deliver a public address.

The following officers were elected for the ensuing year: *President*—C. H. Haeseler, M.D.; *Vice-President*—R. F. Krebs, M.D.; *Secretary*—B. R. Bratt, M.D.; *Treasurer*—C. B. Dreher, M.D.; *Censors*—S. R. Rittenhouse, M.D., E. H. Spooner, M.D., and Samuel Starr, M.D.

We offer our congratulations to the members, on their promising inauguration of the new society, and trust that it may have a prosperous future, and prove a valuable adjunct to the State Society.

HAIR DYES.—Apropos to the discussion on the deleterious effects of hair dyes, reported in this number of the *Monthly* as occurring in the Philadelphia Medical Society, comes the announcement that a Dr. J. M. Wilberwax, an old practitioner of Scott County, Iowa, recently came to his death by lead poisoning through the use of a hair dye. The symptoms of his disease were peculiar and obscure, but examination of the body after death left no doubt of its cause. Four separate analyses of the liver and one of the kidneys exhibited lead in the texture of these organs.

IMPORTANT NOTICE.—A homœopathic physician, in a wealthy and large city of the British Provinces, desires to leave his practice, which is a large and profitable one, in the hands of a reliable homœopathic colleague, on very advantageous terms, during an absence of two years in Europe. Further information may be obtained by addressing the editor of the *Hahnemannian Monthly*.

A REASONABLE CAUSE FOR DELAY.—A carbuncle (not the gem of that name), on the right index finger of the editor, has occasioned the delay in issuing this number of the *Journal*. We trust that our readers will not again be kept waiting by a similar *cause*.

PERSONAL.

MARRIED.—**JAMES—EVELAND.**—On the evening of December 2d, 1869, at the residence of the bride's parents, by the Rev. Theodore Stevens, JOHN E. JAMES, M.D., to Miss MARIA L., daughter of DANIEL EVELAND, all of Philadelphia.

Our friend and colleague will permit us to offer our sincere congratulations on this auspicious event of his life, and to welcome him to the blessed brotherhood of married men.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. McCLATCHEY, M.D., SECRETARY.

At the December meeting of this Society, Dr. Gause, Vice-President, took the chair, the President being absent.

The minutes of the preceding meeting were read and approved.

Howard S. Campbell, M.D., was proposed for membership by Dr. R. Koch, and elected under a suspension of the rules.

Dr. WILLIAMSON alluded to the *Gram Testimonial Fund*, and stated that subscriptions were not coming in from the physicians of Philadelphia as they should.

Dr. HERING notified Dr. Williamson that the faculty of Hahnemann College had subscribed as a faculty.

Dr. HERING, then, on behalf of the College faculty, explained a proposition to divert the first year's interest on the money obtained at the recent fair, to fitting up a Hospital in the rear of the College building, to be devoted to the exclusive treatment of surgical diseases and injuries, and to be supported by the contributions of workingmen, at the rate of five cents per month; said contributions to insure for them treatment in all cases of surgical diseases or injuries occurring from whatever cause. Dr. H. fully explained the proposed plan, and desired to have an expression of opinion on the part of the members of the Society, as to its feasibility, desirability, &c.

Dr. H. N. GUERNSEY suggested that if the plan were taken in hand by the Society, it would be more apt to succeed than if confined to the members of the College faculty.

Dr. H. N. MARTIN replied to Dr. Guernsey, and stated that the whole profession had been appealed to on behalf of the Fair, and yet but a small proportion responded.

Other members who spoke declined to discuss the proposition, and thought it would be more judicious for the Society to confine itself to its legitimate functions.

On motion of Dr. Richard Koch, it was voted that the thanks of the Society be tendered Dr. Hering for his explanation of the proposition of the faculty.

Dr. BUSHROD W. JAMES, Scribe, then made his monthly report, as follows:—

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

Vaginal Speculum.—I want to show the Society four or five of the more recent forms of speculum, and their points of difference. The different styles are becoming very numerous; for instance, we have several forms of the cylinder speculum and several kinds of the bivalved, trivalved, and four-valved, besides other varieties. For compactness in carrying, Cusco's (here exhibited), is certainly the best. It is a bivalved instrument, much like Storer's, except that the two thumb-pieces are on hinges, and fold over in opposite directions, out of the way when not in use. Storer's can, however, be turned into an instrument that answers the same purpose as Simm's Duck-bill, simply by shifting one of the valves out to the end of one of the upright pieces—the one which is stationary.

Here we have Nott's, a three-valved speculum, a curious-looking instrument. The two superior blades are movable, each by a separate long diverging screw, and held apart by a burr on each screw. These screws are attached to the larger main blade—the under one—and they dilate the upper blades obliquely from the lower one, leaving a wide space above all clear, so that no hindrance of any account is offered to the use of instruments in operations in this region.

Here is another trivalved instrument, which opens only into a cylindrical speculum, but one blade is movable, and is held in place by means of a spring, which can be slipped out and the blade be entirely removed, thus giving a long view of the vaginal walls, without much dilatation of the vagina, at the same time that the os is exposed.

This is one of Hough's, one of the most recent introductions, and here is an improvement on it. Hough's has an upright piece on each side of the lower permanent blade, and these uprights join in an arch, through which the long screw, which elevates the outer end of the upper blade, passes. The improvement does away with all but one upright piece, which is here made to hold the elevating screw. A thumb-piece is also seen on the upper blade, which elevates the inner end of the blade after it is inserted in the vagina, and a curved screw with a burr enables the examiner to retain any amount of dilatation he may wish.

LIGATION OF THE ABDOMINAL AORTA.—This hazardous operation has been performed eight times. First, in 1817, by Sir Astley Cooper; then twice by Mr. James of Exeter; then by Murray, Monteiro, Smith, Hunter, McGuire, and recently by Dr. Patrick H. Watson, in Edinburgh. All the cases have proved fatal within three or four days after the operation, except Monteiro's, at Rio, which lived ten days. Watson's case was for secondary hemorrhage from the common iliac, which had been tied nine weeks before with antiseptic catgut ligature, but not a vestige of the ligature could be discovered, although the iliac was found completely divided, and was also unfit for ligating again.

INTERNAL ILLUMINATION.—Experiments have recently been instituted with the electric light, as an agent for illuminating internal parts of the body, that can be reached by external outlets. A thick glass tube is used, which has two wires inclosed so that they may be attached to opposite poles of a strong electric pile, which supplies the light. The glass tube is inserted into the rectum, vagina, &c., and then the poles of the battery are put in communication.

A NEW MOTIVE POWER FOR SEWING MACHINES.—At the recent Homœopathic Hospital Fair, held in Philadelphia, a sewing machine was on exhibition which was run solely by an electro-magnetic machine of peculiar construction. The cramped position of the operator, and the constant movement of one or both feet, required by the treadle—and which is the cause of so much weakness of the pelvic organs, spinal irritation, weak back, sciatica, &c., in sewing girls—are obviated by this

machine. The battery in this instance was located outside of the building, and the communication to the machine was made by means of wires. The operator can connect or disconnect the current at pleasure.

TAPPING THE BLADDER IN THE MALE.—The best mode of puncturing the bladder—when the urethral canal cannot be entered by the usual methods, and the bladder must be immediately evacuated on account of over distension—is through the rectum, with a long curved trocar and canula. The canula should, by means of tapes and adhesive strips, be kept in position for a day or two, or until the stricture in the urethral passage can be removed, which should be done as soon as possible, in order to re-establish the flow of urine through its natural outlet.

INSANITY OF INEBRIATES.—A new law, lately passed in Illinois, compels the overseer of the poor to take charge of drunkards, and if an habitual drunkard, to retain guardianship of such insane person for at least one year. These are classed with others incapable of taking care of themselves, such as idiots and insane persons.

NEW TEST FOR BLOOD-STAINS—The November number of the *Western Homœopathic Observer* contains the following test for blood, which is claimed to have been discovered in Australia. "It consists in the application of tincture of guaiacum and ozonized ether, which produces a beautiful blue tint with blood or blood-stains. The test is excessively delicate. Mr. Bloxam reports that in a case of a blood-stain twenty years old, he had extracted a single linen fibre with a small amount of stain upon it, and the characteristic blue color was immediately induced by the test and readily detected by microscopic examinations. Ozonized ether is merely a solution of peroxide of hydrogen in ether."

HOMŒOPATHIC HOSPITAL IN PARIS.—The Homœopathic Medical Society of France are adopting measures for opening a hospital soon in Paris. Fifteen thousand francs have already been subscribed for this purpose.

HOMŒOPATHY IN INDIA.—A Homœopathic Dispensary for the poor was established last August, in Allahabad, India, while the cholera was prevailing in that town. Baboo Preonath Bose, a homœopathic practitioner, was chosen the attending physician. With the exception of Calcutta, where Dr. Tonnerre, the medical health officer, has practised homœopathy for over twenty years, the system has only been elsewhere practised among the Hindoos within the last five years.

HOMŒOPATHY IN RUSSIA.—In the eye of the law, in Russia, a homœopathic practitioner is recognized as is every other medical man; and in case of any offence against the medical laws of the country, he is entitled to a full examination before the medical council of the Empire. The system has never been prohibited or restricted in the Empire, while a tariff of rates of sale of homœopathic medicines is in existence, authorized by the Russian Medical Council; and regulations respecting the arrangement of homœopathic pharmacies and the preparation of homœo-

pathic medicines also exist. All physicians, homœopathic or allopathic, have no right to treat diseases in Russia unless they have a diploma from one of the universities of the Empire, or from the Medico-Chirurgical Society of St. Petersburg.

On motion of Dr. Williamson, Dr. James was requested to prepare a paper on the treatment of *ulceration of the os uteri*, to be read at the next meeting.

Dr. WILLIAMSON then addressed the Society in regard to the deleterious effects of hair dyes and kindred mixtures when applied to the hair, beard, &c. Many, nay most of these preparations contain lead in some form. The shining black color produced in the hair is brought about by the sulphuret of lead, the chemical change taking place after the wash is applied. The symptoms of lead poisoning manifest themselves sooner or later, and up to this time many of these cases are unfortunately incurable. The speaker had seen a number of them. Some of the symptoms are: twitching of the muscles of the face; sudden pains in different parts, as the head, ears, eyes, upper or lower limbs, often in the fingers or toes; dryness of the throat; haze before the eyes; sharp pains across the abdomen; numbness and coldness of the limbs; "wrist drop;" paralysis of parts, &c. Many persons are decoyed into the use of these articles by the assurance of their vendors of the harmlessness of the preparations. Many of these would not use them if they knew they were in the least degree injurious, while others, doubtless, would continue their use regardless of consequences. Dr. Williamson thought it was high time the profession had discussed this subject, and made known through the journals the frequency of occurrence and dangerous character of cases of poisoning by these articles, and hoped, also, the experience of physicians in the treatment of this class of disorders would be freely given.

Dr. H. N. GUERNSEY desired to add *hair-washes* to the list, and mentioned the case of a lady who had used a new and popular wash, and was soon thereafter seized with twitches of the facial muscles, and a regular series of what he would call shocks of the scalp, the scalp moving backwards and forwards, as in waves.

Dr. H. N. MARTIN suggested that lead used in injections for gonorrhœa, sometimes produced symptoms of lead-poisoning.

Dr. GAUSE related a case which came under his care, in which he supposed the patient to be a hypochondriac. He had a multitude of symptoms, and according to his story had suffered many things at the hands of many physicians. He had very handsome hair and beard, and finally Dr. G. suspected him of dyeing it, and the man acknowledged that he did so. He gave the patient *Plumbum 2c*, and at his first return he thought himself somewhat better. He then received placebo, after which he thought himself worse, and finally ceased calling.

The Society then adjourned.

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RELATION OF SKIN DISEASES TO INTERNAL
ORGANS.*

BY SAMUEL LILIENTHAL, M.D.

Jacta est alea, the die is cast, and I throw myself on your indulgence, as I cannot expect to elucidate fully a subject surrounded by so many difficulties, shrouded in so much obscurity, though the skin lies open to every observer, and of which, for ages, the most opposite opinions have been held, in regard to definition, anatomical seat, and alliances.

"*Jacta est alea.*" With these words Kafka, the author of that excellent work, "The Homœopathic Therapy, based on the Principles of the Physiological School," throws the gauntlet down to Dr. Goullon, of Weimar, and invites him to a friendly tournament, wherein to debate on the relation of skin diseases to internal organs. Kafka renounces in toto the traditional, and to him exploded, theories of metastasis and metaschematismus, and asserts that "if by chance, asthma, amaurosis, glaucoma, hepatic infarct, or any of the internal blennorrhœas should follow

* A lecture, delivered during the "Preliminary Course," at Hahnemann Medical College, Philadelphia.

the disappearance of an eruption, there must be certainly other and more approximating causes to explain these internal affections, than a mere external efflorescence." I have looked in vain through our late German periodicals for this interesting discussion, and with the greatest diffidence I take up the gauntlet to defend a theory so well laid down by Father Hahnemann, and of the truth of which I am fully convinced.

When we look through the standard works of Willan, of Bazin, of Hardy, of Hebra, or of Wilson, we find only confusion worse confounded, and it is really impossible from the mere name of a disease to know which disease and what is meant by it. Let us, therefore, discard names entirely, but let us fully study up every pathological state, which undoubtedly remains one of the most valuable parts in the totality of symptoms.

It may be partiality on my side that I prefer Hebra's classification of skin diseases to that of other dermatologists, and for our purpose to-night we take up chiefly his fourth class, entitled, "Exudative Diseases," which he subdivides into 1, diseases with an acute course, including the acute contagious and acute non-contagious diseases, and 2, exudative diseases with a chronic course, including *a*, squamous, acneform, pustular, and *b*, pruriginous, as eczema, scabies, prurigo.

Let us briefly examine some of the acute exudative skin diseases, and follow up with the chronic ones.

Hebra defines under the word "Exanthema," a morbid state manifesting itself by general malaise and certain febrile symptoms, the whole organismus suffering under the attack, and by certain cutaneous efflorescences running a regular well-known course and developing a contagium.

Dunglison defines a contagium to be "the art or process of transmitting a disease from one person to another by direct or indirect contact," and infection, the transmission of a disease by a more hidden and diffusive power. What

then is the nature of these poisons, be they contagious or infectious, regenerating themselves in the person attacked by the disease, impregnating the atmosphere, and spreading death and desolation far and near? That we are still uncertain about the nature of these poisons, be they of fungoid origin or caused by a dynamic aberration, does not mend the matter; all that we know is, that a poison has entered the circulation either from outside, or has developed itself in the blood through a faulty combination of its elements, and that the *vis medicatrix naturæ* tries its utmost to rid itself of this incubus through the natural channels, and health can only be re-established when this eliminative process is fully successful. Take any zymotic disease, be it typhus, scarlatina, or any other one, and the first symptoms of offended but reacting nature are, fever and convulsions, these guardians of the blood and nervous system, in order to regain the disturbed equilibrium and to expel the foreign intruder. Our best pathological writers, as Niemeyer, Wunderlich, and others, agree that not only zymotic diseases, but all diseases running a definite course, when they attack individuals previously in good health, and are not complicated and remain at a moderate intensity, require hardly any therapeutic interference, because this eliminative process is a natural effort which may be guided, but dare not be disturbed under any consideration. But sometimes this eliminative process will not take place upon the skin, and then the poison will necessarily do its work internally, and seize upon some one or more of the tracts of mucous membrane and locate therein, this membrane being, according to Gregg, essentially the same tissue as the skin, and the only internal texture analogous to it. The disease will be only the more virulent and more rapid in its work, the more this eliminative process is checked, or does not take place at all, and every physician has witnessed cases where the whole disease passes through the different stages, on the internal skin, without showing itself on the outside; thus

the ancients described already a *scarlatina sine eruptione*, *morbilli sine eruptione*, &c. Still the disease remains the same, let it be a diphtheria scarlatinosa, a bronchitis morbillosa, a neuralgia herpetica, or let a typhoid process reach its acme without any roseola ever having shown itself on the patient; and it is a curious fact that common people call a disease frequently by its mere external symptom, as "spotted fever" from the irregular, purplish, ecchymosed spots, although all other symptoms show a deep affection of the cerebro-spinal system.

Prof. Niemeyer wisely limits his "let well enough alone," or expectant treatment, to mild cases, in persons enjoying previously good health, and uncomplicated with any other disease; but we cannot select our patients; we have to take them with all their faults and all their iniquities, and our patients offer us too often, alas! the proof of the scriptural assertion that the sins of the father will be punished yet in the third and fourth generation. In all zymotic disease we have to deal with three factors: 1, the quality of the poison, 2, the quantity of the poison, 3, the reactive power of nature. Thus we have mild epidemics, where the three factors correspond one to the other, the disease runs its usual course, and health is re-established. In other cases, it is thought that the reactive power of nature is too strong, if such a thing is possible, and some authors ascribe the inflammatory states of internal organs to such a cause, although the zymotic poison in itself showed no malignity; but there are cases where the quality and the quantity of the poison are of such magnitude, so overwhelming, as to overpower all efforts of nature, and the patient succumbs, although the external and the internal skin, corresponding to the poison, may be covered with the efflorescence; or the patients die before the disease had even time to develop its eruption, leaving us, in extreme cases, even in doubt to what we should ascribe the fatal result. Other cases again are frequently seen, where the germ of a zymotic poison falls on well-

prepared ground, and though the patient passes moderately well through the primary disease, latent morbid states are stirred up, leading eventually to a sickly life and slow death. Let the poison find a congenial soil to work out its destructive agencies, and our art and our science stand too often baffled in restoring the equilibrium so necessary to perfect health. How often is it the case, that a mild case of measles has run its regular course, but in a person of delicate health, perhaps descending from tuberculous parents, and instead of the promised and expected convalescence setting in, our patient languishes, looks anæmic, and complains still of a general tired feeling, hectic symptoms with a suspicious cough appear, and with a phthisis fully developed, we may easily imagine what the end will be. The train was well laid, and it needed only the explosive power of a new agent to set it in motion. What else is Bright's disease during or after scarlatina, than an affection of the renal mucous membrane, a metastasis of the poison from the external to the internal skin, or seating itself primarily on the internal skin through a non-development of that same poison on the external skin. Nature somehow was frustrated in its endeavors to throw the poison out, and internal disease is the necessary consequence. Allow me to give you a case or two on this point.

About two months ago one of our *prima donnas* consulted me about the precarious state of her health, after having been under different treatment for more than half a year. From formerly being of good health and of lively temperament, she looked now greatly emaciated, was constantly in a crying mood, and she, who was before all activity, felt herself unable to undergo any exertion. While singing at the Brooklyn Academy of Music on New Year's eve, she caught a severe cold, and as it did not affect her voice, she repeated, though ailing, her difficult rôle on the evening of New Year. Chilled through, she reached her home, passed a sleepless night with high

fever, and the morning found an erysipelas of the face fully developed. Crowded houses would not allow a tedious sickness to their favorite; to drive the erysipelas away her physician was requested to use external means; sugar of lead lotions were assiduously applied, and he succeeded beyond his most sanguine expectation; he did drive it from its seat on the face and my poor patient has not seen a well day since. The erysipelas, driven off from its normal seat, took up its habitation on the skin of the gastro-intestinal organs. Gastralgia and abdominal colics were now her daily tormentors; she vomited constantly large quantities of glairy white masses; her formerly clear complexion turned now to a dirty yellow; her appetite failed, and the little she forced down was vomited up again; obstinate constipation set in, or when she passed a stool with excruciating agony, the discharged feces were not larger than a small pebble, and equally hard. Although under treatment of two of our most distinguished allopathic physicians, she became steadily worse, and, in truth, what else could be expected from narcotics, nervines, and quinine? As spring advanced, she was advised to visit Saratoga, but Congress Water did not bring the promised relief, it laid like so much lead in her stomach, aggravating every symptom, and adding a suspension of her formerly regular menstruation to her other ailments. Her abdomen was bloated even to meteorismus, and then she suffered terribly. Discouraged, she returned from Saratoga, and fairly in despair she allowed herself to be persuaded to try homœopathy. Will *Nux vomica* cover this case, a remedy so beneficial in abdominal aberrations, or will the poison of the honey-bee reproduce the original efflorescence, or will the Sumach and its compeers reproduce the checked perspiration. Thus I pondered in my mind, and after a careful study of our incomparable *Materia Medica*, my choice fell on *Ammonium-carb.* and *Lachesis*, and I am proud to say my fair patient is on the right road to recover her former health.

I recollect another case, where a gentleman of wealth and refinement suffered for years from a confirmed dyspepsia, contracted by getting a thorough wetting during the chase. Although trying the remedies of every school, nothing ever did him any good; and he had to restrict his food to the plainest aliments and in the smallest quantity, or else suffer the penalty of excruciating pains; whereas in former years he had been not only a gourmand, but worshipped also at the shrine of Bacchus. Without giving any exciting cause for it, he felt himself suddenly attacked by a severe erysipelas of the face, extending to the membranes of the brain, producing an erysipelatous meningitis with typhoid symptoms. His life was despaired of, for seven long weeks he struggled with death, but when he at last recovered, he found to his astonishment all his former dyspeptic symptoms gone, and he could indulge again as of old in whatever he liked, and at any time of the day.

Most of you have studied the case which our friend Gregg narrates in his excellent quarterly, where an apparently consumptive patient regained his health, after the disease had been forced, through the beneficial action of a high dilution of Sepia, to return from the lungs to its primary seat of the stomach, and thence from the internal skin to the external skin, and only after passing through a severe eczematous attack was health fully re-established.

Many similar cases could be given to prove the truth of metastasis in acute diseases, but my time is short and I desire to come to the real battle-ground, the chronic skin diseases, which we affirm are never a mere external efflorescence, except when caused by local influences, but always a proof of an abnormal internal state and of a reaction of the *vis medicatrix naturæ* to rid itself of noxious elements. But, cry our adversaries, your Hahnemannian nonsensical psora is caused by local influences, being the veritable itch or scabies, and everybody acknowledges

nowadays, that the itch is caused by that reputed mite the *Sarcoptes hominis* (*Acarus Scabiei*), and where even Jahr acknowledges that the parasite of the itch can just as little be extirpated by internal means, as the tinea caused by lice can be removed without the vermin being first destroyed. It is far from us to deny the relationship of the acarus to the itch, but we affirm with your Hering, that the pith of the psora theory is not refuted by the discovery of the *Acarus*, nor by the *generatio æquivoca*, nor by the propagation of the animalculæ. Grauvogel refutes nicely the opinions of those who consider the psora theory illusory, if it does not find its derivation from the acarus, the progenitor of scabies. To us, says he, the psora theory is a declaration of facts, produced from conditions in the human organismus, which, among others, have also given rise to the acarus as well as to other vermin. Such causes may be found in sedentary habits, heavy damp atmosphere, or in anything which produces insalubrity in men, and although the itch with its vermin has, during the last fifty years, thanks to an improved hygiene, lost a great deal of that malignity and obstinacy which it showed in the times of an Autenrieth or a Hahnemann, still the same diseases which Hahnemann declared to be sequels of scabies, are to-day still at work, and the same remedies which he gave us under the name of *Antipsorica*, act favorably, and cure to-day yet, the same series of diseases. Your own Frost says: "The method by which Hahnemann arrived at his psora theory may seem insufficient, as the limits within which he proposed to restrain it were too narrow. Instead of being limited to an itch, suppressed in the person of the sufferer himself, or in some of his ancestors, psora may be regarded as the hereditary taint of constitution, and doubtless the skin is the primary and preferred form of development of all chronic, as of all acute diseases."

Looking at the etymology of the word psora, or even of the word scabies, we find in the works of Erasmus

Wilson, certainly an acknowledged authority in skin diseases, that the words eczema and psora mean one and the same thing—itch, itchiness—because of the necessity which is induced by its itchiness to rub or to scratch, the word $\phi\omega\varepsilon\nu$ meaning to rub. This is the language of Hippocrates, and we all know how deeply the works of the sage of Kos were studied by Hahnemann. Celsus designates the same diseased state by the Latin name *scabies*, from *scabĕre*, to scratch, or *impetigo*, from *ab impetu agens*, a breaking out of impetus, an involuntary scratching, and all the four terms, eczema, psora, scabies, impetigo, have originally been applied to one and the same disease. Nowadays we restrict eczema to an uplifting of the cuticle so as to produce vesicles, which burst and discharge a sero-purulent fluid that dries into thin yellow crusts. Although Fox considers the pathological type of eczema that of catarrhal inflammation, we consider this application too limited, considering scabies also an eczematous eruption, excited by the acarus, whose extinction by local means remains our first duty, to be followed by constitutional or antipsoric remedies to remove the effects of the animal poison.

Studying again the word *psoriasis*, from psora, we find it by different authors restricted to different chronic skin diseases, to the *lepra alphos* of the Greeks, to the *lepra vulgaris*, &c., and it would be unjust to confine the meaning of the word psora, according to the teachings of Hahnemann, to such narrow limits. That great and good man understood by the word psora and psora-dyscrasia, that undefinable contamination of the blood, so often found in our days that a healthy offspring is a *rara avis* in our civilized age. There we have syphilis, sycosis, rheumatismus, gout, hæmorrhoids, scrofula, leucoeythæmia, and a host of others afflicting the parents, and propagated from parents to children; and if we wonder that at present chronic skin diseases are not more prevalent than we really find them, we can only explain this anomaly by our present physical degeneration, whereby our constitutions are un-

able any more to throw off these deleterious effluvia on the skin, and they remain internally to undermine our lives, and to carry off their hecatombs by infantile diseases, and by consumption in its different shapes. Look at the host of skin diseases mentioned in the Bible; remember the lazarettos of olden times; and we see that a change has come, and with all its blessings civilization has also given us some drawbacks.

In fact, Hahnemann was so far from claiming the credit of being the originator of the psora doctrine, that he adduces in support of it nearly a hundred allopathic authorities, his predecessors, as having more or less explicitly declared their conviction of its truth, or given examples in illustration of it. "I call it psora," says Hahnemann, in that mine of thought, the *Organon*, "with the view of giving it a general designation, and not synonymous or limited in its meaning to the itch. I am persuaded, that not only are the majority of the innumerable skin diseases, but also almost all the pseudo-organizations, merely the products of a multiform psora, and that the majority of chronic diseases that appear as palsy, asthma, dyspepsia, consumption, headache, epilepsy, vertigo, &c., are due to a morbid matter existing in the body, the same as that when it comes to the skin produces the almost numberless varieties of eruptions known as scaly diseases, leprosies, milk-crust, scald-head, ringworms, itch, pustules," or locating itself in other tissues, producing the manifold pseudo-organizations which surgery in its foolhardiness tries to remove, without considering that a disease must necessarily take so much deeper hold on the constitution when we cut off its branches but leave its roots untouched.

Recent allopathic authorities occupy the same ground, and we could fill a volume with proofs of our assertion. Says Dr. George Ross: "By tracing a cutaneous disease to its constitutional cause, we simplify both our diagnosis and our curative agents." Cazenave has found lichen, ec-

zema, and psoriasis, originating in gout, and instead of the usual arthritic paroxysms, he has seen exacerbations of the skin disease, when the usual state of health became disturbed. Tillbury Fox, physician to St. John's Hospital for Skin Diseases, offers the observation that it is not uncommon for the majority of cases of skin diseases to be preceded or accompanied by severe constitutional disturbances, and when symmetrical, the disease is usually due to a blood-poison; when unsymmetrical, to local causes, or to affections of the nervous trunks. He names as hereditary diseases, lepra, psoriasis, ichthyosis, lichen, eczema, and syphiloderma; as congenital, syphiloderma, pemphigus, pigmentary nævoid, ichthyosis (scales); and continues, "the more chronic a disease becomes, the more does it tend to become a local disease, hence in these cases local treatment is the most important;" an assertion to which we may fully agree, for at that time this remnant of a former constitutional, but now mere local cutaneous affection, is only the debris of a former disease, which has run itself out or been extinguished by artificial means.

Again, if we even should acknowledge with some of our adversaries, that Hahnemann considered under psora only the common itch, the German "*Kraetze*," and nothing else, even then we can bring recent allopathic authorities to prove the same assertion. Thus, Tillbury Fox remarks, in an article on the Action of Fungi in the Production of Disease, "taking all things in consideration, it is clear that a parasitic disease consists of three distinct components, which must be recognized if the physician would cure his patient well and quickly. 1. A certain state of soil. 2. The access of air and the presence of heat and moisture. 3. The introduction from without to, and action upon the body, of the vegetable germs." And Hunt declares that the causes of parasitic disease are four,—uncleanliness, atmospheric impurity, deficient exercise, and contagion (the very same causes which Hahnemann and Grauvogel mentioned for the propagation of scabies). Mr.

Hunt states, furthermore, that the above four conditions poison the blood, producing not only their immediate effects in the form of parasitic diseases, but laying the foundation probably of more serious disorders, manifested in after-life by the presence of lumbrici, ascarides, tape-worm, pediculi, fungi, hydatids, tubercles, and perhaps cancerous germs, in the various organisms. Parasitic disease, then (like scabies), is a composite affair, consisting of mal-nutrition, a growing parasite, and certain effects of such growth.

But even Fox himself argues in like manner in regard to the animal parasites, saying, the acarus demands a suitable soil. It has been pretty well shown, in animals especially, that acari will not grow on all surfaces, but only on those whose hygienic condition we have reason to know, from the circumstances that have been at play, is not that of health. (*Edinburgh Medical Journal*, April, 1866.)

Take either horn of the dilemma, you scoffers of the psora theory, and you may be now perhaps better satisfied to believe in it and adopt it because some master-minds of the physiological school have freshly discovered what Hahnemann and his followers taught years ago; for I will not be uncharitable enough to accuse them of theft, although it would not be the first time that they were guilty of such an action.

(To be concluded.)

DIARRHŒA, DYSENTERY, AND OTHER ALVINE DEJECTIONS.

BY WALLACE McGEORGE, M.D.

(Read before the Homœopathic Medical Society of the Western District of New Jersey, November 17, 1869.)

HAVING promised at the last meeting to give the result of my treatment in loose evacuations of the bowels, as treated with the "higher potencies," I furnish the follow-

ing as a report, hoping each member may derive some, if even the slightest, hint from its reading, which may ultimately prove valuable.

And here let me give due credit to a work to which I am indebted for a great deal of the success which has followed the administration of the remedy, and which has enabled me to individualize more closely in prescribing. I refer to Dr. Bell's work on diarrhœa, dysentery, &c., a monograph issued the past summer by A. J. Tafel, of Philadelphia.

During the past summer and fall, diarrhœa has been more prevalent than usual, and dysentery less frequent, in my practice. The diarrhœas have been very debilitating when allowed to run on three or four days, in more cases than usual. When patients reported themselves on the first or second day, and a clear and accurate image of the disease could be obtained, one dose, dry on the tongue, was usually sufficient to remove the trouble; where the disease had run on three or four days, it seemed necessary to repeat the dose or give it in water, a teaspoonful every two, three, or four hours, according to the severity of the symptoms, for from twenty-four to thirty-six hours; and in quite a number of cases another remedy was required to complete the cure, and restore the patient's strength.

What few cases of dysentery presented themselves soon became severe, but yielded readily, and in many cases speedily, to the properly-chosen remedy.

The potency administered in every case, at first, was the 200th (2°); in a few cases, when repeating the same remedy, recourse being had to higher potencies. In making this statement, I do not intend to draw comparisons with, nor cast reflections upon, those physicians who use the lower or cruder preparations, nor with such, if there be any in the Society, who always use the highest potencies, away among the hundred thousands. I simply state what potencies I prefer and use, and would also state that I use the single remedy in all cases, although at times I resort to

a succession of remedies. One object in preparing this paper was, to show to the doubting and skeptical that high potencies will cure, even in loose dejections from the bowels. As experience can only be had by experimenting, let each member next year investigate for himself.

The remedies which have most frequently been indicated in diarrhœa are, *Nux vomica*, *Chamomilla*, *Bryonia alba*, *Podophyllum peltatum*, *Hepar sulphur*, and *China*, in order as named. *Arsenicum*, *Veratrum*, *Natrum sulphuricum*, *Calcarea carb.*, *Belladonna*, *Ipecacuanha*, *Gratiola*, *Rheum*, *Croton tiglium*, *Colocynthis*, *Antimonium crude*, *Sulphur*, *Causticum*, *Æthusa cynapium*, *Lycopodium*, less frequently. In the treatment of dysentery, *Mercurius* has been the main remedy, although *Cantharis*, *Kali bichromicum*, and *Nux vomica* have done good service. *Capsicum* has not answered so well, or rather has failed me in one or two cases when apparently indicated, and during the end of the season I discarded it, and used either *Mercurius sol.* or *Cantharis* in its place.

INDICATIONS FOR THE REMEDIES.

Nux vomica.—Invariably given when the patient has taken laudanum, "drops," castor oil, "cholera mixtures," "worm medicines," pills, &c.; and when not too severely drugged, previous to applying for assistance, one powder in water, a teaspoonful every four hours, has completed a cure of both artificial and natural diseases. Other indications are, thin, brownish, mucous stools, or watery, offensive stools; continual urging which keeps them in a worry all the time; desire to lie down and keep still; worse from excitement; easily irritated. In dysentery, small, bloody, mucous stools, with repeated, ineffectual urging. This urging was removed in a few hours, and the dysenteric stools changed, and slight constipation ensued in from two to five days.

Chamomilla.—Principally in infantile diarrhœa and

among young children, although in a stout old lady, over 60 years of age, it worked well, the characteristic odor, *smelling like rotten eggs*, and redness of one cheek, with paleness of the other, indicating it in her case. The peculiar green, chopped stools, occurring frequently during dentition, most frequently called for this remedy; but the desire to be carried, green and hot stools, yellow coating on tongue, peevishness and ill-humor, were often present.

Bryonia.—Diarrhœa after eating green apples, or unripe fruit; desire to vomit; brownish stools at first, afterwards greenish, every motion makes them worse; child wants to lie down, and will not play as usual; when a very hot day occurs early in summer, or when the weather suddenly becomes very warm; generally worse in the morning; every time he coughs, his bowels move (during *hooping-cough*).

Podophyllum peltatum.—Principally for children; diarrhœa worse early in the morning; very few stools through the forenoon, afternoon, and evening; stools greenish, yellow, slimy, mucous, constantly changing in appearance, no two stools alike; occasional retching or gagging; very thirsty; undigested stools, occurring in the evening. The distinguishing feature between *Podophyllum* and *Sulphur* in the aggravation in the morning is, that the stools under the former remedy begin at 3 and 4 A.M., and continue until the patients are dressed, or until 8 or 9 A.M., after that time less frequently, or scarcely any; while the *Sulphur* patient is *driven out of bed early in the morning* (5, 6, and 7 A.M.), *in a hurry*, fearing he will soil the bed, so urgent is the summons to rise and walk. In chronic diarrhœa, or, more strictly speaking, in *enteritis chronicus*, I have found *Podophyllum* to give immediate relief, when Sulphur, Natrum muriaticum, Sepia, and other antispasmodics have failed. In one case of summer complaint, of four weeks' standing, where the patient, a girl 17 months old, had been drugged until almost dead, the following

symptoms were present: dull, sunken eyes; emaciated face; rolling of the head; eyes half closed during sleep; cutting "stomach" teeth; bowels move often in the morning, but not through the day, smelling very offensively; after one dose of *Nux* was first given, *Podophyllum* in four or five days restored the child to health.

Hepar sulphur.—Diarrhœa during the day, with sour, light-colored stools; sour regurgitation; very sensitive, cannot bear to be touched; skin easily suppurates; in chronic diarrhœa, children always feel better of the pain in abdomen after eating; after calomel, blue pills, or too much *Mercurius*.

China.—Stools undigested, watery, and generally painless; after eating fruit; worse every other day; dizziness of head; ringing in the ears; feeling as if she was sinking through the bed; faint, weak, sinking spells. It has been quite frequently used to complete a cure in obstinate cases, when, after a cessation of the numerous stools, the appetite was poor, and the patient feeling weak and miserable.

Among the remedies less frequently used, where diarrhœic stools were present, *Arsenicum* was given more for general symptoms than from character of the stools; pale, waxy look; emaciation; undigested stools; drinking often, but water disagrees; always worse at night.

Veratrum album.—Pale, deathly appearance, sunken jaw, cold sweat on forehead; painful cases. In one case, the child was well enough, four or five hours after presenting this appearance, or symptoms as above, to get up and play with its toys, amelioration beginning after the first spoonful.

Natrum sulphuricum.—Light yellow stools, worse in the morning after rising; pain in the abdomen before stool; dry and thirsty; skin suppurates easily, disposition to run-rounds (Bell); diarrhœa of long standing, accompanied with much flatus (Lippe).

Calcareo carbonica.—Principally during dentition; clayey-colored stools, cadaverous smell; undigested stools; pro-

fuse perspiration round the head; children with large abdomens. When administered too freely, in some very low cases, the whole scalp became covered with boils, which were quite troublesome, but disappeared without medication.

Belladonna.—When the brain seems much affected; whitish stools; very troublesome at and after midnight; involuntary stools.

Ipecacuanha.—Green stools, green as grass, with a disposition to vomit continually, and languor. The inclination to vomit is relieved instantaneously, and entirely removed in a short time, and the diarrhœa soon follows suit.

Gratiola.—Was found very serviceable in diarrhœas traceable to drinking water from different wells, getting water first at one place, and then at another, rendered necessary during the drought this summer, when many wells became dry.

Æthusa cynapium.—Green mucous stools in the morning, and violent vomiting of the milk immediately after nursing.

Croton tig., *Rheum*, *Coloc.*, *Ant. crud.*, *Lyc.*, *Sulph.*, and *Caust.*, furnished no special indications beyond what can be found in the work so frequently referred to, or the *Materia Medica*.

In Dysentery, *Mercurius* answered admirably, *Merc. sol.* being my choice of all the mercurial preparations. Stools slimy, mucous, and bloody, sometimes greenish; strains some before, but more during stool; very little smell; stools frequent, urgent, every ten or fifteen minutes, again half an hour, or even a whole hour intervening; frequent urination, with tenesmus of the bladder; has to rise constantly, either to defecate or urinate; feverish; irritable; very restless; despondent; no appetite; very thirsty; drinking freely; stools corrode the anus, and some inflammation is apparent at the meatus urinarius; gums swollen, tender, and easily bleeding.

Kali bichromicum.—Stools bloody, *jelly-like in appearance*, frequent, debilitating; urging before stool; tenesmus after stool; pale, sallow, wrinkled face; despairs of recovery, yet does not say much; very weak, has to be helped up and down, can hardly sit on the chamber without support; very poor appetite; considerable thirst; principally in old persons.

Cantharis.—I have been led to use this remedy, and successfully, by the characteristic stool, *white or pale reddish mucous stools, like scrapings of the intestines* (Lippe, Bell). In such cases, one dose in water every two hours, in less than twenty-four hours, entirely changed the appearance of the stool, and often completed a cure.

While in every acute case, a successful termination has followed the exhibition of the proper homœopathic remedy (in some cases also, no doubt, when the remedy was not the most homœopathic to the case), in two cases of chronic enteritis I have not been so successful. After treating them for fifteen months, I can only say they are better, and still far from well. Their parents have lost two children by the same disease some years ago, and seem perfectly satisfied with the amended condition of their surviving children, feeling thankful for so much, but, of course, desiring their complete restoration to health. In a paper which I will present at some future day, I will describe their symptoms fully, the treatment pursued, and their then present condition.

VACCINE VIRUS,

ITS PRESERVATION AND ITS DESTRUCTION.

BY J. P. DAKE, M.D.

IN the discussion of the subject of vaccination, brought out by the paper of Dr. Williamson,* I see it stated by

* *Hahnemannian Monthly*, Vol. V., p. 207.

Dr. Morgan, that "he had observed that he could not preserve crusts in freezing weather," unless they were thoroughly protected from the cold. He had noticed while in the army, that scabs transported in winter were worthless, while those transported in warm weather were good, although those shipped in winter were the more recent."

This statement is so at variance with what I have always considered common experience, not to say also, common opinion, regarding the vaccine virus and its analogue small-pox virus, I may be pardoned for writing a few words on the subject, more, however, to gain than impart further light.

In reference to the spread of small-pox, so far as I have observed, it has always been worse in winter—in cold, dry, freezing weather—than in summer, or even in mild weather in the winter season. And from my reading, as well as observation in practice, I have always considered it a well-settled principle, that the strength of the contagion is inversely as the heat of the weather, &c.

Again, common experience has always admonished us to be very particular in our efforts to preserve vaccine virus, to keep it *cool*. My own observation has taught me to guard it against *heat*, but never against *cold*.

Several years ago, during the prevalence of small-pox in Pittsburgh, having very frequent vaccinations to perform, and in order to have the virus in a constant state of readiness, I macerated and dissolved a crust in water, and carried it, so prepared, in a small vial, in my pocket. The persons vaccinated from my solution the first day or two, took its influence nicely; but afterward not one would take.

On examining my bottle and drawing the cork, I found its contents *sour*. Fermentation had taken place by means of the heat in my pocket and the air in the bottle, and so the virtue of the virus had been destroyed.

This bit of unlooked for experience led me into a train

of reflections upon the essential character of vaccine virus and its analogue, small-pox virus.

I thought I might account for the facts, that the one could hardly be kept over summer, and that the other spread so much more rapidly and widely in freezing weather, from the fact, *that the contagion, the matter communicated from one person to another, is subject to fermentation and consequent destruction.*

I thought also, that in the fermentation and its results, I could see proof that the molecules, discovered by the microscope in the virus, are but so many cysts of unorganized matter, and not sporules, subject to the laws governing fungoid growths and products.

It is well known that fungi of all kinds, especially when small and recent, require some degree of warmth for their development, or even preservation; while frost is their almost universal destroyer.

The fact that cold weather puts an effectual barrier in the way of yellow fever, certainly tends to prove that the invisible atoms, acting as its seed, are of a fungoid character, as also the miasma producing intermittents, &c.

If it be true that the small-pox virus, as well as the vaccine, is destroyed by heat and preserved by cold, we must conclude, that to destroy the contagion and arrest the spread of that dreaded disease from house to house, we should always resort to the use of heat.

The room and clothing in which a small-pox patient has been kept, can be purified best and soonest by closing the doors and raising the temperature for twenty-four or forty-eight hours, so as to cause the thorough fermentation of all adherent particles of matter.

On the other hand, the most effectual way of preserving and spreading the small-pox through a whole community, and over the surrounding country, is to open the windows and doors of a room where it has been, on a cold, dry, windy day.

The minute particles, like so many well-ripened seeds,

will be borne upon the air for miles, astonishing remote neighborhoods with many a case of genuine small-pox.

INJURIOUS EFFECTS OF HAIR DYES.

(Read before the Homœopathic Medical Society of Chester and Delaware Counties, Pa., October, 1869.)

BY R. C. SMEDLEY, M.D., WEST CHESTER, PA.

A LADY called at my office one day, whose face looked as if it had been covered with coal dust and not thoroughly washed. Numerous black pores appeared in the dingy skin. These were the only symptoms complained of. For several months her health had been better than usual. With no other symptoms than the above, and no knowledge of the cause that I could arrive at, I was at loss how to make a satisfactory prescription. The general appearance seemed to indicate *Arg. nit.* I gave it, of the 12th, 3 powders daily, for a week, with no perceptible change. Then gave the 6th in the same way, for a week. Aggravation. Omitted medicine four days, and gave *Arg. nit.* 2°, 3 powders, one a day, then omitted a week. No change. *Plumb. met.* 2° was then given for three days, and omitted medicine a week. Symptoms rather worse, and patient a little discouraged. Gave *Nit. ac.* four times daily, and water slightly acidulated with the same to bathe with. In five days she returned with color improved, but the skin was a little sore and dry, slightly corrugated, and the cuticle beginning to desquamate. Discontinued the external application. A week later, and there was no improvement. Gave *Nat. mur.*³⁰ for a week with some change for the better. She then inquired of me if hair dyes and restoratives were injurious. I replied they were, on account of the nitrate of silver, and probably lead, which they are generally understood to contain. She remarked that she had been using them

for several months, and had just read in a paper an article cautioning persons against their use. She at once discontinued them, and improved for a time under Nat. mur.³⁰ She is now taking Nit. ac.³⁰ Her complexion is clear, and the black pores are diminishing.

The Nat. mur. and Nit. ac. being antidotes to Argentum, and improvement more steadily advancing after discontinuing the hair dyes and restoratives, the use of the latter, it would seem, was the sole cause of all the trouble.

CLINICAL CASES.

(Read before the Homœopathic Medical Society of Chester and Delaware Counties, Pa., October, 1869.)

BY I. D. JOHNSON, M.D.

Cancer on the Nose?—Arsenicum.

MR. P——, aged 36 years, of sanguine temperament, applied to me, in April last, with what he denominated a “sore on his nose.” It presented the following symptoms: a scurfy ulcerated spot about the size of a sixpence, with inverted edges; the central portion was covered with a thick, horny crust or scab, of a yellowish-gray color; sharp burning pains and itching in the parts, particularly when touched; a thin bloody serum is discharged if the scabs are removed, and a smarting burning pain is felt when exposed to the open air. In short, it presented that peculiar appearance which usually characterizes the development of a cancerous ulcer. It was located on the left side of the upper lateral septum, and had existed for about four years without attracting particular attention until recently, when the sharp burning pains, particularly when touched, warned the patient that something must be done.

I gave him Arsenicum 6, one powder daily. In ten days he reported himself better, the burning and itching

having greatly diminished. Continued the Ars. as before, one powder every alternate day for a fortnight ; when he again reported, this time saying, " My nose is about well, but I think I had better have a little more medicine for fear it should get worse." Upon inspection, I found the horny excrecence almost gone, and in every respect the parts presenting a healthy appearance. I gave him a few blank powders, and two weeks after, meeting him on the street, I could not discover a vestige of the disease remaining.

Dysentery—Belladonna.

Mr. B——, aged 40 years, with dark hair and eyes, of bilious temperament, had been suffering for more than a week with acute colicky pains in the lower part of the abdomen, and frequent loose stools, consisting of bloody mucus, with tenesmus during stool. The pains appeared and disappeared suddenly, and were ameliorated by holding the breath and pressing down. He had taken Mercurius, Nux vomica, and one or two other remedies from Dr. —— without receiving any benefit. I gave him one dose of Belladonna³, and in two days after he reported himself as entirely well, and having felt no return of the pain after taking the medicine.

One year ago, I had a severe attack of dysentery, attended with acute pain low down in the bowels, which came on suddenly and went off suddenly, and was ameliorated by holding the breath and pressing down ; frequent discharges of bloody mucous stools ; restlessness and aching in all the limbs.

I was not in a suitable condition to give much thought to the choice of the proper remedy, and prescribed according to the routine practice, Mercurius and Nux vom., without receiving any benefit, until after suffering severely for two days and nights, the spirit of Hahnemann whispered in my ear, take Belladonna, which I did with the happiest result. The pain was relieved, and the character

of the discharges changed in a few hours, and I was soon able to go on my way rejoicing.

I have verified the curative powers of Belladonna in numerous instances where the pains were characterized by this sudden appearance and disappearance, and were relieved by stopping the breath as in pressing down, and I believe whoever will prescribe this remedy with reference to these peculiarities will not be disappointed.

SCARLATINA MALIGNA AND AILANTHUS.

BY SAMUEL LILIENTHAL, M.D.

MAGGIE NEVINS, 12 years old, slender and delicate (mother died from phthisis pulmonalis, father from typhoid fever), came home on the 17th of this month, complaining of chilliness, dull frontal headache interrupted by piercing pains through the head, sore throat, but not much difficulty in swallowing. My assistant, Dr. LeBeau saw her the same evening and diagnosing scarlatina, put her on Belladonna³⁰.

December 18th.—Child was delirious the whole night, begging her grandmother to let her go home, then screaming out again, frightened, to hurry from the house as it is on fire, and she hears the crackling of the beams, and then falling back exhausted. We found the rash fully developed over the whole skin, but of a dusky color (miliaris), the tongue dry, fissured with brown sordes, the teeth covered with brown slime, the edges of the lips fissured, the eyes sensitive to light, the whole body, but especially the head, burning hot, has passed her urine unconsciously in bed, lies in a semi-stupor in her bed, but when spoken to, recognizes the speaker, and tries to answer correctly, only to fall back again in her semi-comatose state. Great thirst for cold water, which she takes easily, but refuses everything else. Continue Belladonna³⁰ in water, a dose every three hours.

December 19th.—State, if anything, worse, great restlessness and fear alternating with stupor. The evening and the whole night were very bad again. Complains sometimes of her piercing headache, all other symptoms the same, rash keeps fully out; swelling of vulva (perhaps from acrid urine, which she passes unconsciously). *Belladonna*³⁰ during the day. Called late in the evening and found her raging, with brilliant eyes (is usually a very mild child), and it took several ladies to keep her from getting up. Bloatedness around the eyelids. We hesitated between *Stramonium* and *Apis*, but gave her a few pellets of *Apis* 2^o, in water, to let it work during the night.

December 20th.—Very bad restless night, other state the same. *Ailanthus*³, a teaspoonful every two hours. From the first dose, improvement began to commence. She quieted down, became more rational, the tongue and throat became moist again; her head must have felt easier, as she slept quietly and naturally at intervals during the day, but the night was again restless, though in a less degree.

December 21st.—Complains only of her sore lips, her tongue still too red and too smooth, swallows easily, and asks for some food. We allow her milk, and continue *Ailanthus* every four hours.

December 22d.—More natural sleep during the night, rash begins to peel off, and the child looks as if covered with flour. Pulse, which has been over 150, and one day could hardly be counted, small and without volume, is now hardly over 100, and of good consistency. The temperature of the skin more normal. Asks for more substantial food, which is refused. *Ailanthus* every six hours.

December 23d.—Improvement continues; would like to sit up. Skin scaling off beautifully. She feels great relief from rubbing the body all over with fine olive oil. No fever to-day, and looks natural. Is sorry that she cannot go to the Christmas festival.

December 24th.—Steady improvement, but naturally enough, great care is still needed to keep away secondary diseases.

How clearly this case shows the difference between a palliative and the true remedy, and if we would only know our M. M. better, we might nearly always cure our cases, as if by magic. Such facts show that the simillimum works like magic. We may give the remedy high or low, and not recollecting any provings of *Ailanthus* in the higher dilutions, I was afraid to make a trial, as the lower answered every purpose.

SURGICAL CASES.

BY MALCOLM MACFARLAN, M.D.

Operation for Irreducible Inguinal Hernia, with a view to its radical cure—Result successful.

On the 18th of November last I was called in consultation by Dr. Cooper, of Mullica Hill, N. J., to see a patient of his who had a hard and perfectly irreducible tumor, as large as a walnut, in the left groin. The man had noticed this a long time since, but paid very little attention to it; lately, as it had been getting suddenly larger and more painful, he had consulted others concerning it, but could obtain no satisfactory information either concerning its character or treatment. The least manipulation would cause a feeling of faintness or nausea. It was rounded and very slightly compressible. Its close proximity to the artery, its tenseness, immobility, and long-continuance, certainly obscured the differential diagnosis between a hernia and softened glandular enlargement.

Forceful taxis had failed to accomplish anything. Dr. Cooper and myself diagnosed the case to be one of inguinal hernia, the sac having firm attachments to the gut as well as the surrounding tissues. Dr. Cooper concurred

in advising an immediate operation ; if proving to be a hernia an attempt would be made to occlude the canal ; if a gland, to be removed. The usual incision was made and the coverings carefully divided on the director, and the correctness of the diagnosis verified. The sac, as was supposed, was firmly adherent to the intestine as well as adjacent tissues, thus accounting for the impossibility of its reduction. The gut was relieved from its attachments by a careful dissection, the sac opened, and the intestine drawn out for some distance by means of a looped ligature passed around its neck, to see that it was entirely free, and then it was replaced in the abdomen. The inguinal canal was then incised, the walls being divided so as to make a *direct* opening into the abdomen two and a half inches long, the spermatic cord being securely held towards the pubes by an assistant. The interrupted suture was used, traversing, in its passage either way, *all* the coverings divided, their edges being brought together evenly before being pierced by the needle, completely obliterating the canal and altering the relations of the cord, which passed directly into the abdomen near the crest of the pubes.

A firm compress or pad was placed over the parts, and the patient kept on his back in bed until good union had taken place. Occlusion of the canal was the result, and a firm plug obtained against a recurrence of the hernia. The man exhibited himself at the College clinic since, not wearing a truss, and radically cured. This plan is certainly effectual, and is, as far as I know, original with myself.

Division of Sphincter Ani for fissure of the Anus—Cure.

November 21st, 1869, I was called by Dr. R. Gardiner to see a young lady who had been suffering for some months with a variety of obscure symptoms. Her bowels had not been moved for several days, being habitually costive ; when any attempt was made she suffered excru-

ciating pain. She complained constantly of a burning throbbing pain, her sufferings being greatest at a well-marked fissure in the anus adjacent to the coccyx. Medicines seemed to have little or no effect in her case. The anus was almost impervious to the little finger, and there was considerable tumefaction and thickening of the parts. The rectum was greatly distended with feces. The patient was in a weak condition and confined to her bed. Assisted by Dr. Gardiner, the patient was etherized, the left index finger introduced high up into the rectum, then flexed so as to seize the sphincter, which was drawn forcibly downward, and then freely divided in the line of the fissure. The bleeding was restrained by pledgets of dry charpie.

After this the burning throbbing pain diminished, the bowels were moved freely the same afternoon with very little inconvenience. Her recovery was speedy, and her former symptoms fast disappeared. The lady is now, January 10th, convalescent, no longer confined to her bed, and has regular movements from the bowels. The fissure has healed as well as the sphincter, which performs its functions in a proper and painless manner. The medication was in the hands of Dr. Gardiner, who contributed much to the success of the case.

Empyema—Paracentesis Thoracis—Fistulous Opening.

December 26th, 1869, I was called by Dr. C. G. Raue, to see a case of evident empyema in a boy (Everett Hall), aged about 7 years. His respiration was hurried and frequent, and pulse about 125 ordinarily. He was emaciated, had a large belly, was subject to diarrhœa and a rattling cough. He looked like a little old man. His skin was generally hot and dry, but at times, for a short interval, he would have hectic flushes followed by perspiration.

On examination it was found that the right intercostal spaces were prominent, or bulging, and the left not. Res-

piration hardly perceptible on the right side, but good on the left, dulness on percussion on the right side. A small trochar was introduced into the chest, between the eighth and ninth ribs, four inches from the spine, and fourteen ounces of thick, yellow, inodorous pus withdrawn. The opening was then closed in the usual manner. The symptoms of the child were greatly relieved at once. The child talked, laughed, and assumed a more horizontal position (for he had previously been unable to lie down in bed). Two days after, the old symptoms were again manifesting themselves, the chest again opened, and twelve ounces of pus discharged, which differed from the other in being quite thin and of a putrid odor. I now determined to make a permanent opening so as to allow of the free escape of the pus as fast as it formed, which was done, now exists, and is discharging greatly to the relief of the child, who by this means was saved no doubt from an immediate death.

Dr. Raue is now treating the case (January 10th), and it promises to go on to a successful termination.

Amputation of Thigh for Osteo-Sarcoma—Recovery.

December 3d, 1869, in company with the family physician, Dr. E. K. Bancroft, I visited Pemberton, N. J., with the intention of resecting the knee-joint of Miss Anna Budd, who had been confined to bed for about eighteen months with an enlargement of the left knee-joint. The patient was of a scrofulous habit, but large frame, and not emaciated. The knee measured thirty-two inches in circumference, and was covered superficially with large blue veins. There had been no attempt at flexion or extension of the leg for many months, still by force slight motion was perceived. The inner surface of the knee was discolored and soft in one spot, and was evidently about to open or slough. Taxis indicated that the mass was soft, and felt as if there were hardened flakes in it which

could be made to crepitate. To give the patient chances it was thought best to operate for exsection of the joint, and, provided the part were not too much involved, a useful limb would result. With the assistance of Drs. Bancroft, Nottingham, and Lewis, the patient was etherized, and the H incision over the joint commenced. On turning back the flaps the true nature of the case was made manifest. The joint was scarcely affected, but the mass was continuous with a complete disorganization of the lower part of the femur just above the condyles. The bone here was a mere shell, the condyles completely excavated, and attached slightly to the shaft. The cavity was filled with pearly flakes, and a black and yellow mass. The apparent motion at the knee-joint took place really at the diseased bone above the condyles. The patella was thrown to one side. Healthy bone was found at the middle third of the femur, or a little above it, where I amputated according to the plan of Vermeil. The woman has had no untoward symptom, and is making a fine recovery under the management of Dr. E. K. Bancroft. A preparation was made of the knee, and sent to the College Museum, the disease being malignant and unmistakably osteo-sarcoma.

LECTURES ON APPLIED HOMŒOPATHY.

BY HENRY N. GUERNSEY, M.D.

(Delivered, by invitation, to Students of Hahnemann Medical College, Phila.)

REPORTED BY ROBERT J. M'CLATCHY, M.D.

FIRST LECTURE.

THE lecturer acknowledged the compliment which had been paid him by an invitation to lecture ; introduced his subject by defining homœopathy, and its principles and practice as taught and so successfully practised by Hahnemann ; and deprecated the practice on the part of so many of our school, who, while reiterating their belief in

similia similibus curantur, not only as a law of cure, but as the *only* law of cure, frequently depart from its precepts and violate its fundamental principles.

He stated that his lectures would be *practical*; referring to the application of homœopathy to the treatment of disease according to the true and only principles of the science and art. The first subject touched on was the treatment of *Diphtheria*.

You are called to a case of *diphtheria*. You find presenting numerous symptoms which pertain to that form of disease, but by close observation, to which you must school yourselves if you would be successful practitioners, you find, either by your own observation, or by cross-questioning parents and nurse, that the disease or the pseudo-membrane commenced on the left side, and there may or may not be a tendency to spread to the right. *Lachesis*, in this case, is the remedy. My plan is to give lachesis 4^m. The pulse is 140 or 150, persistent, hard, and going like a race-horse. It means death if something is not done, but do not be alarmed. If you have surely discovered the characteristic mentioned have faith in lachesis. Suppose you pour in aconite and belladonna in alternation, or some other drug that is not homœopathic to the case; you are not doing the best you can for your patient, but you are doing the worst. You see your patient again in twelve hours, and find the case no better and no worse. Now, you say, what am I to do? I have given lachesis, and the patient is no better. I say do nothing but wait, and leave a placebo prescription to satisfy the family. In twelve hours more you will find a slight improvement, which will be more decided at the end of thirty-six hours from the time of giving the single dose of lachesis, and in forty-eight hours the pulse is decidedly down, and there are other signs of considerable improvement. The character of the false membrane is changed, and it is more yellow. You may sometimes see a similar patch of membrane beginning to form on the right

side. A casual observer might be alarmed at this, but you need not be, and need to do nothing. If you had swabbed and dosed, and had taken the membrane away, you would simply have suppressed the disease, and it would have made its mark elsewhere—the stomach perhaps would have been the point of attack. This cannot happen if you treat your patients homœopathically, for when they get well they are really well. Dr. Hering's daughter was attacked with diphtheria, and was prescribed for twenty-four hours before I was called. Of course the prescription was correct, as no one could possibly prescribe better than Dr. Hering, and in addition, he had Dr. Raue to help him; but the child seemed worse, and they desired to have my advice. I told them that I indorsed the prescription—*lachesis*—but that in my experience the pulse did not abate in less than thirty-six hours, and advised that the action of the single dose should be awaited. They did so, and soon the pulse came down, and the beloved child was restored to health. This is practising in strict accordance with homœopathy. The morbid agent produced the disease, and the remedy antidoted its action and obliterated its effects. Of course it is often necessary to repeat the dose, and Hahnemann taught repetition, but not unnecessary repetition.

Some three weeks ago I was called to a neglected case of diphtheria, where there was a swelling on the left side of the neck; pulse 150; child very restless; always awaking from sleep in distress, and worse after sleeping. I was very desirous to know on which side the disease had commenced. On looking at the throat, however, I found it impossible to tell, as the whole surface was covered with the diphtheritic deposit. As the left side was worst, I argued that it had commenced there. The neck and back were stiff, and the child would scream if lifted from the bed. Here *lachesis* was clearly indicated, but it was a very bad case, and I told the parents I was doubtful of the patient's recovery. I gave a dose of *lachesis* 4^m, and called

again in the evening, finding the child about the same as in the morning. Gave *sac. lac.* I was sent for at ten in the evening, and examined the case very carefully. The pulse was still going as rapidly as ever, but I thought the child not so restless, and not so much distressed on awaking. *Sac. lac.* Next morning there was still improvement, and the *sac. lac.* was continued. On the next day the babe was infinitely better, and made a rapid recovery on the single dose of lachesis.

I was called in consultation a few years ago, where two children had already died of diphtheria. The attending physician said, "I have sent for you because I am told that high potencies cure diphtheria nicely. I can do no more for this case." The left tonsil presented one complete black slough, and the disease was passing to the right side. I proposed a single dose of lachesis, high, which was given, and the family physician promised to do nothing to interfere with it. Next morning the child seemed better, and *sac. lac.* was given; from this time there was improvement in the usual course. I have observed in such cases, where the right remedy has been chosen, *that in twelve hours there is no change, in twenty-four very slight, in thirty-six considerable improvement, and in forty-eight the change is decided.*

Here is another case. It is similar in many respects to the foregoing, and to all cases of diphtheria. It is not worse, however, after sleeping. There is great restlessness, something like the *Rhus* restlessness. The throat is worse on the *right* side; the membrane may be of a pearly hue, or sometimes yellow; but the right side is the main point of attack. Now for many years I have given *lycopodium* 6^m, for all such cases. The results are the same as I have mentioned for lachesis. You may only see in the first twelve or twenty-four hours that the patient is no worse. It requires good knowledge, and calm and deliberate judgment, to tell, and if you so decide, you give nothing further. In thirty-six hours there is an improve-

ment, and in forty-eight a great deal; you may now be able to coax a smile out of your little patient. Now suppose you give a different remedy for every change in the child's condition; you will surely not have had so favorable a result. Know your remedies thoroughly, and having selected and given the right one, *wait*.

I once had two cases in one family. They were very similar, the disease commencing in the larynx and coming upwards, with hoarse and croupy cough, fearful pulse, and all the other symptoms denoting dangerous diphtheria. Here *bromine* is strongly indicated. In the one case I gave bromine 2°, a single dose, and the child recovered nicely; in the other I gave bromine 2°, repeatedly, and the child grew worse and died. I have always thought that if I had not repeated, this case would have got well also.

You have a case which *begins in the nose*. There is the usual high fever, restless nights, the nose is stuffed, &c. There is a discharge, but it runs into the pharynx. By and by you notice a diphtheritic deposit in the throat, and if you had mistaken the case for a simple catarrh, you are horrified; but you should have been warned by the pulse. *Lycopodium* is the remedy for such cases. Give *sulphur* when there is a *large yellowish deposit all around the posterior wall of the pharynx*—all posterior to the uvula and isthmus of the fauces. Dr. Lippe gives us *lachnanthes* for diphtheria when the patient has a stiff neck, and the head is drawn to one side. I have observed and verified this in a single case.

I recently had a case of *ulceration of the tongue* on the right side. There was a quantity of tough, ropy mucus always hanging there. The eyelashes of the right eye all pointed stiffly towards the nose since the patient had been sick. The right parotid gland was greatly enlarged. I had never seen this peculiarity of the eyelashes before, but other symptoms pointed so strongly to *nitric acid* that I prescribed it, high. Yesterday I saw the patient, who is almost well, and the eyelashes are nearly straight.

Surgeons are apt to say that *trichiasis* can only be cured by an operation, but I can assure you that *borax* will cure many cases.

I will now say something about the treatment of *croup*. Here is a common case. The child is restless, and coughs in a hoarse croupy manner. This is usually at night, the patient being better during the day. The second or third night, while it sleeps, it seems as if it would choke, which condition is partially removed when it gets wide awake, and it breathes better. The family become alarmed and send for you. They tell you the child's croup comes on while it is sleeping, as if it would choke, and it breathes better when awakened. Now, if you are sure that this is the condition of things, *lachesis* is the remedy. You must cross-question the attendants to be satisfied that they are not mistaken. They will sometimes tell you they are afraid to have the child go to sleep. Then give *lachesis*, a single dose, and *sac. lac.* in water. It is all that is required for such a case. I always give *lach.* 4^m.

EDITORIAL NOTES.

DIRECTORY OF HOMŒOPATHIC PHYSICIANS.—Henry M. Smith, M.D., of New York, Chairman of the Bureau of Organization, Registration, and Statistics of the American Institute, is preparing a "Homœopathic Directory." Dr. Smith's extensive experience in the department of statistics eminently qualifies him for this difficult task. Its publication has already commenced in the *New England Medical Gazette*, will be arranged by States, and, as fully as possible, will include:

1. A brief history of the introduction of Homœopathy into the State, and some notice of the earlier practitioners.
2. A notice of the State Society, its organization, time of meeting, &c., and list of officers.
3. A notice of local or County Societies, times of meeting, and principal officers.
4. A description and history of the hospitals, dispensaries, and institutions under homœopathic care.
5. An account of the homœopathic journals published in the State.
6. A list of homœopathic physicians.

Of course, the correctness and completeness of this Directory will

depend upon the aid which Dr. Smith may receive from the different sections. We trust our readers will furnish all the information in their possession, upon any of the above-mentioned subjects, and promptly fill up and send to Dr. Smith, No. 107 Fourth Avenue, New York, a blank similar to the following :

My full name is

I graduated at

Medical College, in the year

My present address is

county of

State of

where I have resided since

Previous to that time I practised in

I began to practise Homœopathy in the year at

BUREAU OF ORGANIZATION, REGISTRATION, AND STATISTICS.—This Bureau is second to none in importance in the organization of the American Institute of Homœopathy. Its chief function is to gather up the scattered fragments that constitute the tissue whereof is to be woven the History of Homœopathy in America, during the past forty-four years, and to continue the work for posterity. It should receive the encouragement and *assistance* of every member of the profession, in whatever is undertaken by it, under the direction of the Institute. In reference to this subject, the following letter, from our esteemed colleague, Dr. Robt. McMurray, of New York, was received last August, and, intended for publication at that time, was unaccountably mislaid.

NEW YORK, August 18th, 1869.

DEAR DOCTOR: The August No. of your excellent Journal contains an article, from the pen of Dr. Pemberton Dudley, urging on the attention of the profession the importance of forming a Homœopathic Historical and Statistical Society.

The suggestion is enforced with many cogent arguments, and commends itself to the mind of every industrious student, or earnest practitioner, as one which promises eminent usefulness to the cause of medical science.

But, I wish to remind you, sir, and also Dr. Dudley (and this is the object of this communication), that all the practical purposes of the proposed Society are provided for by the arrangements of the American Institute of Homœopathy.

The Bureau of Organization, Registration, and Statistics is intended to serve the very purpose for which your correspondent urges the formation of another society, and would, no doubt, very gladly take charge of any matters intrusted to their care that come within their province.

By reference to the Professional Journals, you will find that the following gentlemen were appointed members of the above-mentioned Bureau at the late meeting of the Institute in Boston, viz.: H. M. Smith, M.D., New York, Chairman; H. M. Paine, M.D., Albany, N. Y.; E. B. Thomas, M.D., Cincinnati; T. C. Duncan, M.D., Chicago; and R. J. McClatchey, M.D., Philadelphia.

I think it would be well, Mr. Editor, if the existence of this Bureau

could be more generally known, and its importance more fully appreciated, as there can be no more natural place to look for medical history, biography, or statistics, than in the archives of our Great National Association of Homœopathic Physicians.

R. McMURRAY.

PERSONAL.

FROST.—Prof. J. H. P. Frost has removed from Bethlehem, Penna., to Milton, Northumberland Co., Penna.

LILIENTHAL.—We take great pleasure in laying before our readers in this number, the first half of Dr. Lilienthal's lecture on the relations of "Skin Diseases to Internal Organs," so highly commended by our colleague, "Carl Muller," in his introductory to the seventh volume of the *American Observer*.

DETWILER.—The very valuable and highly interesting lecture on "The Hæmorrhagic Diathesis," delivered in the Preliminary Course of Hahnemann Medical College, by John J. Detwiler, M.D., of Easton, Penna., will shortly grace the pages of the *Monthly*.

HAESLER.—The third part of Dr. Haeseler's paper, on Carbolic Acid, will appear in our March number. This will embrace all the symptoms elicited by the various provers, arranged in the usual manner, for use. This valuable remedy may then be used with certainty in cases to which it may be adapted.

We desire to call special attention to the advertisement of a Homœopathic Pharmacy for sale, on the eighth page of our advertising sheet.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. McCLATCHEY, M.D., SECRETARY.

There was an unusually large attendance of physicians at the January meeting; the President, Dr. Gardiner, occupying the chair.

The first paper presented was a very interesting account of the state of Homœopathy in Europe, by Dr. Charles Neidhard, who has recently returned from an extended tour.

On motion of Dr. Williamson, the thanks of the Society were unanimously tendered Dr. Neidhard, for his communication; a copy of which was solicited, with the request that it be published in the *Hahnemannian Monthly*. [It is to be regretted that this paper was not received in time for insertion in this number of the *Journal*. Ed. H. M.]

The usual monthly report of the Scribe, Dr. B. W. James, was then made, as follows:

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

UTERINE SPONGE TENTS.—Every physician who has many cases of

uterine diseases to treat, is doubtless familiar with the sponge tent, for dilating the os uteri. Here is a sample of the improved ones (two or three passed around), looking, as you see, like a small pointed stick with a silk cord through the larger end. These are medicated with Permanganate of Potash, and are made of the finest sponge. You can see how readily they may be thus medicated, by dipping them into a solution of the required remedy, such as Carbolic Acid, Permanganate of Potash, &c., before they are rolled up in a warm solution of gum arabic, into this small conical form, of different sizes, according to the bulk of sponge required, or amount of dilation needed. After being thus made and cooled, they are coated with wax, to make them smooth. One of them is inserted, by means of the uterine forceps and speculum, into the mouth of the os uteri, with the end that has the cord to it projecting slightly out into the vagina, and in 24 or 48 hours it is removed.

The gradual softening of the wax by the heat of the body, and the dissolving of the gum by the secretions of the parts, allows the elasticity of the sponge to exert its dilating power over the mouth of the uterus; and when it is removed, the os is sufficiently dilated to allow of the introduction of any exploring or surgical instrument that you may wish to examine with, or operate with, in the interior of the uterus.

One objection to them is, that occasionally they will not dilate, and another is, that sometimes they arouse up peritonitis.

INFLATION OF THE BOWELS FOR OBSTRUCTIONS.—THE LONG TUBE.—We all know that in ileus, something must speedily be done, or mortification of the intestinal canal at the seat of obstruction occurs, and the patient dies. Cutting down into the abdominal cavity, and pulling out the intussusception, is the *dernier ressort*. But, before this is undertaken, the long tube and distension of the bowel, by injecting a liquid through the tube, with a suitable forcing pump, as recommended by Dr. Thomas Hay, in *The Philadelphia Medical and Surgical Reporter*, November 6th, 1869, should be given a thorough trial. Here is the instrument, all packed in a case, with the long, flexible, rectal tube, bulbous at the extremity, with the opening directly in the end, and twenty inches in length, exclusive of the mounting, and three-eighths of an inch in diameter. Then, there is the spring lever, forcing pump, stomach-tube, and all other accessory pieces that may be needed in any case of the kind.

Some surgeons claim that it cannot be introduced through the sigmoid flexure, and high up into the colon. But Hay claims that this flexure, and the promontory of the sacrum—the only real points of difficulty to get past—can have the long tube manipulated over them, as follows:

“With the patient lying on his back, the thighs abducted and semi-flexed upon his abdomen, and the shoulders elevated on pillows, the tube, well-oiled, is introduced into the anus, and passed upward, with the point directed backward, and to the left, until it reaches the promontory of the sacrum, where it is usually arrested, when it should be drawn backward an inch or two, and, while it is firmly pressed against the posterior mar-

gin of the anus, it is again pressed forward, and readily ascends beyond this point. Gentle, but firm forward pressure is kept up, until it is passed its full length, or meets with some point which opposes its ascent.

"This usually happens when it reaches the sigmoid flexure of the colon. The tube is then withdrawn, as before, and pressed forward. This may be repeated, if necessary, in rapid and quick succession, and, if it is still opposed in its ascent, the tube is attached to the pump, and again withdrawn a short distance, and, as it is passed forward, three or four ounces of the liquid is thrown up, with gentle, but firm force. More than two or three efforts are seldom required to pass the tube beyond the promontory of the sacrum; nor is it any more difficult to unfold the convolutions of the sigmoid flexure of the colon, or dislodge any mucous folds of the intestine."

Care must be exercised to inject the fluid slowly and regularly, and if the end of the tube cause pain, which it will do if it presses too hard against the side of the intestine, it must be withdrawn slightly before proceeding further.

HEPATIC ABSCESS.—One of the most bold, but really the most sensible modes of treating this dangerous affection is, early in the disease, to thrust a long exploring trocar deep into the part, regardless of penetrating the pleura or peritoneum, and evacuate the pus, leaving the trocar in, and plugging it if necessary, and when adhesive inflammation has sealed up the parts around the trocar, withdraw it and replace it with a drainage tube. Several weeks may be required for a cure.

UTERINE ULCERATIONS.—A rapidly cicatrizing as well as antiseptic application for abraded surfaces consists of a solution of xyloidine and tannin in ether.

CHLOROFORM DEATHS.—The number of cases killed by the inhalation of chloroform, in surgical operations, is greatly increasing, while no deaths are reported from the use of ether or nitrous oxide.

AIR PRESSURE FOR ENLARGED JOINTS, &c.—India-rubber bags are made to fit the part, encircling it if an extremity, and these filled with air, and thus worn constantly until the swelling is removed. To Dr. Lewis A. Sayre, of New York City, is due the credit of introducing this treatment. In cases where cold is required, the bags can be filled with cold water, and where heat is needed, warm water can be similarly used.

BRAIN FEVER EPIDEMIC.—About the time of, and since our last meeting, I have met with an unusual number of brain fever cases, attended with a low type of symptoms, as though an epidemic typhoid cerebral fever was about setting in; but during the last week or so it is disappearing. Children were mostly the subjects of it, and they would be taken suddenly, while in apparent health, with vomiting, and sometimes with convulsions, high fever without previous chilliness, great restlessness and jactitation, twitching about the eyes, or strabismus, or rolling the eyes upwards, delirium, with visions of strange objects, occipito-

frontal headache, and wandering or flying pains in different parts of the body, but most frequently about the abdomen. Stupor generally follows, and the case assumes a very dangerous aspect.

The hands and feet remain warm, and the tongue at first is not coated, but as the disease progresses it becomes red and dry, and afterwards changes its appearance to a dark yellowish coating, and, in some cases, having a puckered condition of its edges. The disease seems to locate itself at the base of the brain, and through the sympathetic system of nerves the vomiting and the pains in various parts of the body are produced.

From among quite a number that I have had I will refer to two or three. One case commenced with vomiting and convulsions. The disease then simulated rapid softening of the brain with its attending idiocy. Loss of speech and a vacant stare lasted about a week after the coma disappeared. But it has since recovered, and the intellect is as strong as before. Another case, and the only fatal one, relapsed twice. The peculiar headache, stupor, and fever of the first attack disappeared, and the case was nearly well, when an unaccountable relapse occurred. The symptoms were again relieved when another relapse occurred, when I accidentally discovered that the child's head all the time had been lying in close proximity to the heat-flue of the adjoining house, which sometimes made the wall very hot. I had the case at once removed to a cool part of the room, but fatal symptoms had already set in. One adult, who was seized with vomiting, debility, and violent occipito-frontal headache, while at his employment, during the day, became delirious in the evening, and went into a stupor. *Stramonium*³ was given, and in the morning the brain symptoms were relieved, although he was very weak. In two or three days more he was up and about, without using any other remedy.

Stramonium did not act so well in children, but *bryonia*, in some cases, and *arsenicum*, or *cuprum aceticum*, or *belladonna*, in others, were the main remedies called for, but *bryonia* and *arsenicum* seemed to act better than any others. I would like to ask the other members of the Society if they have in practice recently met with any or many such cases.

Dr. Chas. E. Toothaker then read a paper on the importance of establishing a superior Homœopathic Hospital and College, to be largely endowed; the paper to be supplemented by one showing the measures to be taken to raise the requisite funds.

The thanks of the Society were extended to Dr. Toothaker, and a copy of his paper was requested for publication.

The Society then adjourned.

The treatment of diseases of the os uteri will be the subject for discussion at the next meeting.

THE
HAHNEMANNIAN MONTHLY.

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Philadelphia, March, 1870.

No. 8.

RELATION OF SKIN DISEASES TO INTERNAL
ORGANS.

BY SAMUEL LILIENTHAL, M.D.

(Concluded from page 268.)

HAVING settled, as we trust, to your satisfaction, that there is a psora-dyscrasia, we now propose to show that only exceptionally external means may be applied for the eradication of cutaneous diseases: 1. When the disease which originated the efflorescence on the skin has been eradicated and only a mere external debris remains, which clogs up the skin and prevents its performance of its natural functions; and 2. In all cutaneous diseases of whose parasitic origin we have full proof; but even these Wilson, who is usually the most exact in his nomenclature, restricts to one natural group, distinguished by a morbid alteration of the epidermis and of the hair, rendering the latter friable and brittle, changing their appearance and color, and causing their exfoliation. Fox, following Wilson, includes them all under the general term *tinea*, and particularizes them by the terms *favosa*, *tonsurans*, *sycosis*, *versicolor*, *circinata*, &c. Reyer figures the pediculus by the side of his plate of *prurigo*, which agrees also

with the opinion of Squire, who insists on the fact, that prurigo is commonly due to the *pediculus corporis*. If these are the only two exceptions, where external means may be applied, then we may state as a general rule, in the words of your own Raue, "that the affections of the skin are almost always tokens of some internal derangement, hence their suppression is almost always followed by an aggravation of internal troubles. On the other hand, internal complaints get better in the same degree that the morbid process passes outwardly to the skin. This, we might state in brief, is the essence of Hahnemann's psora theory, which has been thrown aside by the would-be-wise, who never understood it."

Understanding by the words "metastasis, metaschematismus," the removal of a disease from one part to another, we comprehend, according to this definition, that the same process will be beneficial, when its action is from the internal organs outwardly, from the centre to the periphery, and, on the contrary, injurious, when outward diseases are driven in.

Let us briefly examine how many cutaneous diseases may be really called idiopathic, or whether a constitutional derangement is not at the bottom of most of them. I must again be allowed to quote Mr. Fox (*Lancet*, 1867), where he says: "Most skin diseases employ the agency of inflammation in their operation, and this consists of redness (congestive), papulation (depositive), vesiculation (effusive), pustulation, &c. Now, some diseases only need the aid of the minor, others of the greater of these, and in many cases *this congestion is augmented by deficiency of elimination*, especially in regard to the kidneys."

On the strength of such authorities, we would propose to go one step further, and affirm that there is hardly ever such a thing as a cutaneous *disease*, but only *symptoms of affections of the skin*, caused either by visible or invisible external influences, running an acute or a chronic course, and, secondly, symptoms of affections of the skin, caused by

internal perturbations; and, as the *vis medicatrix natura* makes itself felt sometimes by a diarrhœa, or by sweat, or by critical urine, so, also, nature may try to throw off noxious particles by producing efflorescences on the skin. We may, perhaps, laugh at the incongruities found in the works of the ancient authors, but certain it is, that every close observer can affirm the truth of their critical days and of their critical secretions, and, although frequently assaulted and denied, humoral pathology, when rightly understood, will stand even the test of modern pathology with all its exquisite inventions.

Hausmann, in his *Causes and Condition of Disease*, remarks that every deviation from the normal state of health consists in a plus or minus from the regular standard. Applying this rule to the affections of the skin, we have on the negative pole calvities and atrophica cutanea senilis, and, as Fox remarks, on the plus or positive pole, the erythema, papula, vesicle, pustule, and ulcer; in other words, the different stages of inflammation in its widest sense, exactly as we find it in diseases of internal organs, which may remain at a lower stage, or reach at once the highest degree. We see this most plainly in the different degrees of burns; or, if we examine variola, we find, in the stage of efflorescence, the cutis in a state of turgidity, with the usual high fever, some papulæ rise up, changing to bullæ, which fill up by degrees with pus; and, if scratched or carelessly treated, they may even ulcerate. In one and the same patient all the different stages can often be seen on different parts of the body, and daily examinations of the fauces, of the vagina, or any other mucous membrane, will show the same morbid state on the internal skin.

How, then, can metastasis be denied, if every-day experience proves the danger of such changes? Use in such acute exudative diseases your external means to drive them away, to dry them up, and I, for one, would neither like to be your patient, nor, as attending physician, to

have such murderous practice on my conscience. But, perhaps you reply, "acute exudative diseases are not the point of dispute." There we all agree on the danger of metastasis, but will you deny the danger of metastatic processes in chronic cutaneous diseases? Are congenital and hereditary diseases mere local affections, or is it not only too true, as a British reviewer says, "that in a civilized country some are born to health, others to disease. That there is some fundamental difference in the original organization of the two classes, seems highly probable. We may not be able to discover what the morbid principle is, but we may use a common denomination for these various, and inherent, and radical causes of disorder of the human economy, and, in lack of a better word, we might just as well, with Hahnemann, use the old-fashioned word psora." How else can we explain that hare lip, hypospadiasmus, supernumerary fingers and toes, microcephalus, cretinismus, &c., are caused by powerful invisible agencies, and become heir-looms from one generation to another? How is it that tuberculosis, cancer, arthritis, hæmorrhoids, goitre, rachitis, and even psychical degenerations are found in parents and offspring, and that they mercifully pass by one generation to reappear in the third generation? How is it that lepra, psoriasis, ichthyosis, lichen, eczema, syphiloderma, are so frequently found and acknowledged as hereditary affections, and who dares affirm that they may be driven away carelessly? How many have died from pulmonary phthisis caused by the forced healing of a fissura ani? How many have had hæmorrhoids extirpated, to languish from incurable hepatic disorder? And is there not scarcely any skin disease that is not closely connected with some internal deviation from the normal standard? Hebra acknowledges lichen to originate frequently in scrophulosis, and if it extends over a large surface of the skin, marasmus may set in in consequence of disturbed nutrition, with sometimes fatal results. Graves says, that every arthritic

swelling is only an erythema of the cutis attended with œdema of the subjacent tissues, and that eczema and lichen are frequent exponents of the gouty diathesis. Herpes zoster and intercostal neuralgia frequently alternate, and we find the neuralgia the more obstinate till the affection of the skin relieves the nervous attack. How does it come that scholars, suffering the penalty of excruciating headache, find relief only in the breaking out of carbuncles? Why do some skin diseases belong only to the age of evolution, others to middle age, and others again to wintry involution?

Grauvogel, that war-horse of homœopathy, truly remarks (II, 221), that the cause of chronic diseases is based on the excess or want of substances of which the organism itself is composed, and which may remain dormant for years in different parts of certain organs, until roused by sometimes even trifling circumstances, to reappear in different directions and localities of the same tissues, changing thus the whole constitution, if not eradicated by a curative plan following the laws of nature. Neither foreign quantities nor qualities can be therefore admitted as the sole cause of chronic morbid states, but there must always be a second factor, belonging to the organismus itself, and the *united result of both causes gives us the chronic disease.*

But let us prove to Kafka, from his own work, that psora theory and metastasis are not idle dreams. A faithful disciple of Hebra, as he is, he tries to condemn them in his theory, while his practice, on the contrary, shows continually that he considers skin diseases far more than a mere external efflorescence. Let us pass some of the chronic skin diseases in review, as Kafka gives them in his second volume, and we see that he considers:

Psoriasis (schuppenflechte) only a disease of nutrition in the skin, and not based on constitutional anomalies; still he acknowledges it as an affection frequently hereditary in families, and often accompanied by peripheral

neuralgia, and continues: alkaline baths and cleanliness (external treatment) alone will never eradicate this disease, we have to use, steadily and methodically, sulphur and sepia (antipsorica) at the same time, and our patient has rigorously to abstain from liquors and irritating food.

Hebra already divides *lichen* (schwindflechte) into lichen scrophulosus, and ruber, and Kafka considers Calc. Silic., Iod., Hepar, and even Arsen., indicated for its eradication.

Eczema (naessende flechte) is, according to the same author, frequently based on a scrofulous or rachitic anomaly of constitution, and in grown persons it may be caused by mechanical disturbances of circulation in patients suffering from diseases of the heart and lungs, by varicosity of the veins at the time of climaxis or of pregnancy, or through menstrual anomalies, or in anæmia; and still, he affirms, a dyscrasia cannot be proved, because an eczema might also be produced from intense heat or cold, or by inaction with acrid or metallic salves, and agrees with Hebra, that every eczema ought to be removed as quickly as possible, and that such a removal could never injure the constitution of the patient. Why, then, does Kafka insist, in the treatment of eczematous diseases, that great exactness is necessary in the choice of the remedy, after the removal of the etiological state, to insure a cure? Are Mercurius (soluble or ruber), Hepar., Arsen., Rhus, Graphite, Lycopodium, or Sulphur, not counted among our deeply penetrating remedies, and needed for the eradication of the internal disease which produced the eczema? Yea, there is hardly any one of our standard remedies which does not find its indication in one of the many forms of eczema, and Kafka certainly would not insist on such strict diagnosis if eczema were only a mere efflorescence, whose forced disappearance could never injure any internal organ.

Of *acne* (finnenausschlag) he says its frequent appearance at the time of puberty can be explained, as at that time a general congestive state (heat, brunst) takes place,

through which a large quantity of sebum is deposited in the follicles, producing seborrhœa or inflammation of the follicles. Now, if nature wishes to relieve this internal congestion by throwing it out on the skin, can it be without danger to dam these channels by external applications, and drive it back to organs more necessary to the welfare of the whole organism? Have you, Kafka, master as you are of your profession, ever seen that coppery nose shining so resplendently without a cause, generally understood even by people who are not disciples of Æsculapius? Why is it that external applications without number have been applied in vain to remove this sign-board of the bar-room, and still these sufferers beg to be relieved of these accusing beauty-spots by internal means, for emphysema, menstrual anomalies, or portal difficulties may share the blame of such an eruption. Petroleum, Nux vom., Calcareæ, Sulph., Alumina, are the remedies recommended by Kafka, and every physician will say amen to their application!

Pustular eruptions, as impetigo, ecthyma, porrigo, achor, &c., even Hebra acknowledges are frequently secondary morbid products accompanying other diseased states, or appearing as sequels of other skin diseases. These pustular affections, when caused by mere local irritations, produce severe itching, and, at the time they scab over, normal epidermis is found under the scabs (as there is no internal diseased state to throw itself out); whereas, those produced by general diseases, as puerperal fever, pyæmia, scrophulosis, &c., never itch, and are very apt to form ulcerations under the crusts. To prevent absorption, it is a good practice to puncture every pustule in order to empty it of its contents, and the corresponding remedies have to be chosen according to the law of similia, if we wish to be sure of curing our patient.

All authors agree that *rupia* (schmutzflechte) is based on a syphilitic dyscrasia, and in *pemphigus* (blasenausschlag) we agree so far with Kafka, as to distinguish the

malignant, dyscratic pompholix from the lighter kind; still, even the acute pemphigus, as a secondary process, based on resorption of pus and following in the wake of such diseases as typhus or puerperal fever, shows clearly that it is an effort of the *vis medicatrix naturæ* to rid itself of some poisonous detritus; and we agree perfectly with Kafka, as regards the benefit resulting from puncturing such bullæ and emptying them of their contents. But chronic pemphigus is frequently caused by the syphilitic virus, and in consequence of the great loss of the constituents of the blood, muscular debility, hectic fever, and marasmus set in, sometimes with fatal results. Heroic remedies, as Arsen., Lachesis, Sepia, Rhus, are therefore recommended for its eradication, with good nourishing diet, this eruption frequently undermining the health of even formerly strong constitutions.

We read in Raue's Pathology that Nñez teaches how the suppression of cutaneous eruptions on the anus are followed by liver complaint (and in olden times many chronic congestions of the liver were relieved by leeching the anus); their suppression on the legs by digestive derangements; on the scrotum and penis by impotence and seminal emissions; behind the ears by cough and affections of the eyes; on the scalp by pulmonary phthisis; on the arms and hands by laryngeal phthisis; in the palms of the hands by nervous asthma; on the nose and nostrils by discharge from the ears; on the face (acne rosacea) by heart-disease.

Our task is finished, and, although we cannot hope to have elucidated this interesting subject to your entire satisfaction, or to have brought forward anything new in this evening's lecture, still let me trust to having awakened a train of ideas in the minds of young hearers, showing them that, wherever there are two sides to a question, it is their duty to examine closely for themselves, to believe in no man's *ipse dictum*, to scan thoroughly old and

new theories, and to hold fast to truth wherever it is found.

"Be sure you are right and then go ahead," is sound American doctrine, and nowhere more applicable than in medical practice. You enjoy that great, that enviable privilege of sitting at the feet of some of the masters of our profession. The few years that it may be your good fortune to listen to the teachings of a Hering, or a Williamson, will soon pass away. We, who have borne the brunt of the battle and carried the banner with our motto, "*Similia similibus curantur*," victoriously through the strife, we, the old guard, will drop off one by one, but we leave you a rich legacy, which it will be your holy duty to keep untarnished and to increase; and, in parting, allow me one remark: If you are not certain that you can do good, be at least sure to inflict no injury.

CARBOLIC ACID.

BY CHARLES H. HAESLER, M.D.

(Concluded from page 233.)

It is only since the publication of my previous articles on Carbolic Acid, that my attention was directed to the *brochure* on that subject, being the result of the provings of Drs. Bacmeister, Hoyne, Duncan, Hedges, and Boyce, published in Chicago last year. Had I read this *brochure*—most valuable, from being the joint labor and *resultat* of five eminent medical gentlemen—at an earlier day, I might have excluded from my own article the history and enumeration of the cases of poisoning, and confined myself to the relation of my own proving and therapeutical experience with the medicine. I cannot help expressing my great pleasure, upon examining the treatise of the Chicago physicians, to find how nearly we come out

alike in the recording of symptoms. The general analogy of these two treatises, prepared by persons remote from and entirely unacquainted with each other and each other's work in hand, bears a closeness of resemblance that cannot but impress the skeptical reader with the grand fact that our *symptomen codex* is not *altogether* the product of enthusiastic and visionary provers. The result of these separate investigations is very nearly identical, and yet the careful reader should scarcely fail to observe that there is a dissimilarity in the *manner* of recording the two sets of experiences, which could not well have been preserved by either party that had previously seen the work of the other.

I could have wished to incorporate with the present article the *résumé* of symptoms contained in the pamphlet alluded to, in order to make the summary for reference more thorough and complete, but, for obvious reasons, must per force, however reluctantly, desist. I have, nevertheless, taken the liberty to embody in this synopsis the symptoms recorded by Dr. S. Lilienthal, of New York, in an article on Carbolic Acid, published in the *Hahnemannian Monthly*, September, 1869, page 49. These symptoms have invariably been given between brackets and quotation marks, and signed by Dr. Lilienthal's initial letter.

SYMPTOMATIC SYNOPSIS.

Mental.

Melancholy; languor; enervation; indisposition to attend to professional duties; muddled and confused; can collect thoughts only with an effort; want of acuteness in thinking; loss of memory; could not concentrate his mind upon anything; a feeling of sadness, with disposition to sigh and yawn; frightened, lest I had taken too much of the medicine, and thereby injured my health permanently. He appeared morose and much less brilliant in

conversation ; said he felt mean and drowsy ; hypochondriasis ; the patient imagined herself much worse than she really was. Child was unconscious ; did not recognize anybody.

(“ Disinclination to mental efforts, even to read ; hardly able to write ; very irritable since two days ; not in humor to think or speak, for my head feels muddled ; mental and bodily laziness ; do not wish to exert myself in any way ; sleepiness, with desire to stretch ; perform my work only mechanically, for study is out of the question ; reading is impossible, as the letters look blurred, and fade one in the other ; a fear of impending sickness on retiring to bed.”)—L.

*Cephalic.**

Giddiness ; headache ; insensibility ; delirium ; uncomfortable feeling of fulness of the head, with drowsiness ; passing pains through the forehead, or right or left temple ; pains of a sharp, darting, neuralgic character, changing from one side to another, affecting the eye of the painful side so much that it was difficult to keep it open ; head swimming, and felt staggy like a drunken man ; brain felt confused and painful ; twitching pains through the temples ; confusion and pain in the head ; great pain—never had such headache before ; it is just as if somebody was jaggling a sword in and out all around the head ; the least noise makes the headache worse ; walking across the room hurts the head ; wanted to have a bandage tied around the head ; *meningitis* ; acute hydrocephalus ; cold, clammy moisture on the head ; periodical spells of sick headache, the spells recurring at least once a month, and generally during, before, or after the menstrual period ; the pain almost always locates over the right eye, affecting this so that she can scarcely keep it open ; the brain appeared to be compressed as in a tight bandage ; sometimes the headache is accompanied with sick stomach, and at other times not ; *tinea capitis* ; vermin on the head.

("Dull, frontal headache, with chilliness, as if an India-rubber band was stretched tightly across the forehead; headache worse on left side; dull, pressing, occipital headache; fulness of head all over the brain, with dull pains; vertigo, with trembling; head very heavy; expansive pains in the head, with swimming before the eyes; a dull, heavy pain in left temple during the day; frontal headache and left-sided neuralgic pains in the temple.")—L.

Facial and Ocular.

Face blanched and bathed in perspiration; nasal catarrh; ozoena; twitching in the cheeks and temples; pupils contracted and insensible to light; eyes so painful that it was difficult to keep them open; neuralgic twitching in the eyeballs; felt like rubbing my head and eyes constantly; pain over the right eye; wants the window-shutters closed on account of the light paining the eyes; all the headache seems to locate itself over the right eye; alternate contraction and dilatation of the pupils; protracted neuralgia of the right eye—had continued nearly two weeks, with scarcely any intermission.

Mouth and Throat.

Hypersecretion of saliva, and could not help spitting all the time, the spittle having a bluish-white, frothy appearance; feeling of constriction about midway of the œsophagus; bad, pungent, metallic taste; a choking feeling in the throat, with disposition to hawk up phlegm; burning and tingling of the tongue, as if a thousand pins were pricking it; grinding of the teeth; tongue dry, and coated with thick, yellow fur; tongue trembly and like raw beef; not able to protrude it; sordes; shiny, glossy, dry coating; tongue parched, and fissures in tongue and lips; excessive thirst; diphtheria, and putrid sore throat; stomatitis; aphthæ; deglutition difficult, and breathing obstructed.

(“Coppery metallic taste on the tongue and upper palate; burning on lips, throat, and œsophagus, with heat rising up from the stomach; a biting sensation on the tongue; burning in the throat.”)—L.

Stomach and Bowels.

Acid eructations and formation of gas; sluggishness of the bowels, accompanied by offensive breath; intense heat and pain in the stomach; gastric irritability and vomiting, especially that attending pregnancy; spasmodic stricture of the œsophagus, which prevents the patient from swallowing, and causes great difficulty in introducing the tube of the stomach-pump; intense nausea, slightly allayed by drinking water; heavy weight in the epigastrium, as though burdened with flatulence; constant inclination to seek relief by fruitless endeavors at eructation, or by pressing the hand into the pit of the stomach; sick feeling all around the stomach, that represents a first-class type of acute dyspepsia; a feeling of goneness, with heavy weight about the stomach; while eating a little breakfast, felt every now and then as if he had to get up and vomit; felt as if he had eaten too much; nausea, with shuddering and shaking of the head, made wry faces, spat frequently, and gave other evidences of sick stomach; could eat no dinner, though she had ordered it an hour before; could hardly retain anything on the stomach, always vomited shortly after eating; appetite poor; dyspeptic condition of many years' standing; soreness in stomach and bowels; constant desire to drink water, which, however, was not retained any better than other substances; chronic vomiting, in which the presence of *sarcinæ* was detected; flatulence of old age, depending on imperfect digestion; dysentery; piles; cholera; fistulæ; worms, especially the *oxyuris vermicularis*; constipation; tenesmus; diarrhœa, having three watery evacuations within a short space of time, accompanied with pain and sick stomach; periodical spells of diarrhœa, fol-

lowed by constipation; frequent recurrence of colic-like pains; great tenderness in the rectum at all times; external, sometimes internal and bleeding piles; cholera infantum, rice-water discharge, and of very offensive odor, resembling that of foul eggs; bloody and mucous discharge, appearing like shavings of mucous membrane; great tenderness along the course of the transverse colon; diarrhœa resulting from bad drainage; stools, while taking Carbol. Ac., free, and comfortable, and consistent, and at intervals of twenty-four hours, whereas, they had been constipated and attended with tenesmus and a disposition to piles before; stools always inodorous, though copious in quantity.

("Feeling of pressure in the pit of the stomach; soreness of the hypochondria, worse on motion; nausea, with desire to eructate; jolting during riding affects unpleasantly the abdominal organs, which feel hot and sore; burning feeling in the stomach steadily increasing, with heat rising up the œsophagus; dull pressure under the sternum; burning, ulcerating feeling in stomach, with nausea, and sore feeling to the touch.")—L.

Renal Symptoms.

Copious flow of limpid, colorless urine; enormous quantity of urine, its odor slight, but peculiar, not that of Carbohc Acid, nor that of normal urine; micturated freely an excessive quantity of saccharine urine; obliged to void urine three times every night, and no less than a pint each time; greatly debilitated thereby.

Respiratory.

Breathing stertorous and irregular; strong, disagreeable, tarry odor of the breath; tickling, irritating sensation in the upper part of the trachea and fauces; occasional short, hacking, dry cough; troublesome cough accompanied with foul, tenacious expectoration; patient yawned every now

and then, and took long inspirations ; dyspnœa and respiration very irregular, accompanied with palpitation of the heart, especially at night ; phthisis and chronic bronchitis.

(“ Feeling of narrowness in the chest, as if the diaphragm oppressed the lungs ; oppression of the chest ; tight feeling in both lungs, especially in the centre of the chest, or as if a load were pressing in front, with desire to dilate it.”)—L.

Circulatory.

Feeble, intermittent, rapid pulse ; weak and flickering ; 100 per minute, to 110 or 120 ; very intermittent, and so feeble that it could with difficulty be counted ; flurried and feverish pulse at 96 ; fever changing, being sometimes more, and sometimes less ; typhoid and low miasmatic fevers ; organic valvular heart disease, consequent upon inflammatory rheumatism eight years previously ; fearful beating of the heart, especially at night, accompanied with great dyspnœa ; bellows-murmur very strong and distinct at all times, especially over the region of the mitral valve ; fever of the enteric type.

Generative and Parturient.

In puerperal fever, and its anticipation ; menses regular ; menses irregular ; leucorrhœa ; catarrh of the womb ; ulceration of the womb ; dragging sensation across the loins and through the pelvis ; copious discharge of fetid, greenish, acrid matter from the vagina ; frequent desire to urinate, accompanied with burning pain in the urethra, and a dull, steady pain in the pubic arch ; menorrhagia ; has had four miscarriages that were very tedious, and accompanied with great loss of blood, followed by œdema of the feet, hands, and face, with soapy, colorless complexion ; climacteric trouble ; irregular menstruation and great flow when it comes, and lasts during many days, with very depressing effects.

Muscular and Structural.

Trembly, uncertain, staggering walk ; stiffening of the extremities ; retraction of the head ; obliged to walk very slowly in consequence of heart disease ; cannot ascend stairs or any acclivity without being greatly exhausted thereby ; carious bones ; coxalgia ; necrosis ; osteo-sarcoma ; rickets ; curvature of spine ; sinuses ; convulsions ; partial convulsive movements.

(“ Drawing in right thigh ; it hurts to straighten myself ; dull, aching pains from the spine down the posterior muscles of the thighs ; tingling in lower extremities ; feet feel as if bruised all the time ; limbs feel as heavy as lead ; walking is an exertion.”)—L.

Cutaneous.

Offensive smell from cutaneous surface, so that it is disagreeable to every one in the room ; a cold, clammy surface ; cold and moist ; slight lividity of the lips and tips of the fingers ; a case poisoned with Carbol. Ac. had great swelling of the body just before death ; was covered with perspiration ; distinct varioloid pustules appearing two days after taking the medicine ; erysipelas ; eczema ; impetigo ; prurigo ; scabies ; lupus ; chronic ulcers ; sloughing wounds ; carbuncles and cancerous sores ; foul ulcers connected with cases of leprosy ; favus ; pityriasis versicolor ; pediculi of all kinds may be destroyed by one application of a weak solution, the same being also an excellent safeguard against mosquitoes.

Local or Regional.

Dull pain in the right side, over the region of the liver ; pain in the back, across the 5th, 6th, and 7th dorsal vertebræ ; a sinking feeling all over the abdomen ; an aching feeling over the right hypochondrium, and along the back ; pain and a dragging feeling in the stomach, and low down

in the abdomen; a compressed feeling across the lower end of the sternum; she felt pain low down in the iliac region of both sides; had a great deal of pain changing about from stomach to sides (especially the right side), and chest; abdomen retracted or sunken in about the navel.

("Dull, pressing pains in hypochondria; tired sensation in the renal region; pains in small of back increasing; somewhat relieved by pressing the hand against it.")—L.

General Symptoms.

Great prostration; the patient fell from her seat to the floor; the child lay in its father's arms insensible to all external objects, but in a short time recovered itself; was constantly agitated, moaned continuously, and occasionally uttered a piercing cry; patient slept soundly all night, and awoke greatly refreshed in the morning; carbuncle on hip of lady aged 50; putrid discharges from the mouth, throat, nostrils, ears, rectum, and vagina; foetid perspiration of the feet and armpits; patient feels sick and squally all over; wants to smoke a cigar, and thinks that will relieve him; complains of the heat and closeness of the room; felt sleepy all the afternoon, but could not fall into sound sleep; sleep profound and refreshing; heart disease always worse at night, and upon the least indiscretion in diet; in gonorrhœa injected solution of one grain to an ounce of water—result favorable.

("Sleepy and chilly, although sitting in a room with a good fire; cold hands and feet; bowels feel sore when walking; in a hot room a momentary chill runs from the face downwards; easily fatigued by the least walk; sleepiness, with desire to stretch; bowels rather costive, though the appetite is good.")—L.

KEY-NOTES; OR, CHARACTERISTICS.

BY HENRY N. GUERNSEY, M.D.

(Continued from page 235.)

Cantharides.

CLINICAL experience proves beyond a doubt, the great value of this agent in some forms of acute and chronic inflammations.

The kind of suffering to which cantharis is best adapted, is of a *violent, destructive* character; and even when there is mania or loss of consciousness, the sufferings excite to periods of fury, violence, or convulsions. The pains are usually of a sharp character—cutting, shooting, darting—and often burning at the same time. It is a singular fact, though known to most practitioners, that if there be frequent micturition attended with cutting, burning pain, or if not so frequent, and the cutting, burning pain attends the flow, cantharis is nearly always the remedy for whatever other suffering there may be; even in inflammation of the brain or lungs.

The *mental* symptoms of cantharis are very striking. Moaning, violent cries—like barking; great restlessness, cannot keep quiet, must be on the move, yet does nothing; irritable, dissatisfied with everybody and everything; cannot bear to have the larynx or the abdomen touched; cannot bear the sight of fluids.

Violent and sudden vertigo, with partial loss of sense, partial loss of vision, finally with fainting.

Inflammation of the brain. Pains deep in the brain, with constant expression of anguish on the face, resembling a sullen frown or scowl, with eyes closed, or without expression if open. The pains in the head are usually felt to be deeply seated, excepting when in the bones, and then they are usually stitching, tearing, or drawing.

Objects appear yellow before the *eyes*; dimness of sight.

Erysipelas begins on the *nose* and spreads to the cheeks; it is sometimes vesicular and sometimes not. *Epistaxis*

early in the morning. Mucus collects in the posterior nares, whence it must be drawn down, with much effort, into the fauces, and spit out. This tearing away of the mucus often leaves burning and smarting in the nares.

Pale, wretched, sickly, or death-like appearance of the countenance. Frowning with the pain. Lock-jaw with grinding of the teeth.

Fistula dentalis ; suppuration of the gums.

Small ulcers or vesicles in the *mouth*, sore, burning, or smarting. *Burning* extending from the mouth all the way to the stomach. Dryness of the mouth extending into the posterior nares.

Stinging dryness in the *pharynx*. Difficulty in swallowing liquids, at times it is impossible, as in hydrophobia.

Bitter *taste*, or taste as of pitch. Aversion to all kinds of nourishment, particularly in the evening. *Immediately* after the *cessation* of pains, as of headache, for instance, the patient feels hungry. Aversion to drinks.

Nausea and *vomiting* of food, often with retching ; afterwards vomiting of bile.

Very bad feeling in the *stomach*, the patient tosses about as if in despair ; the stomach feels as if it were screwed together ; heat and burning in the stomach.

Cutting, as from knives, in the *abdomen*, with burning. Many of the abdominal symptoms are similar to those of colocynth ; similar doubling up from pain, similar restlessness, &c., but those of cantharis are distinguished by being much more *burning* in character. The abdominal symptoms are apt to be in sympathy or consonance with those in distant parts, as in the knees, &c. Flatulency, sometimes incarcerated to the extent of bulging the abdominal walls into lumps, like tumors. Hard tumefaction above the symphysis pubis, with burning pain in the loins.

Constipation, with retention of urine, or with frequent urination attended with cutting burning pains, but little urine being passed at a time. *Diarrhœa*, with dysuria, or with passing of mucus looking like scrapings of the in-

testinal mucous membrane. *Dysentery*, with dysuria, or with discharge of similarly appearing mucus streaked with blood. *During stool*—colic, pressing, cutting, or burning pains in the anus causing the patient to cry out. *After stool*—cutting colic, burning, biting, or stinging in the anus, chilliness as if cold water were poured over the body. Cutting in the *rectum*, partially relieved by discharge of flatus, entirely relieved by stool.

Pain in the *kidney* extending into the abdomen; into the axilla; along the ureter into the bladder. Sensation of heat and burning in the bladder and neck of the bladder. *Violent cutting and burning in the bladder*, before, during, or after micturition. Sometimes the urine is retained, the cutting and burning in the urethra is so great. Almost *incessant* desire to urinate—"sixty times an hour." The cutting and burning seem aggravated by even the desire to urinate, and the cutting and burning render the effort to urinate impossible, or only a few drops can be emitted at a time, and this with increased suffering. Bloody urine; sometimes pure blood is emitted instead of urine, with much pain. Much mucus and shreds of mucus in the urine. Painful *gonorrhœa*, with chordee. The urine looks jelly-like. Very many complaints, of different kinds, are cured by allowing a dose or two of cantharis to act for a long time, when there is frequent desire to urinate, with cutting, burning pain. It must be allowed to act for some time—weeks or even months—after the urinary symptoms have been removed.

Excessive and frantic *sexual desire* in the male. Frequent and painful erections, with chordee and soreness of the urethra. Bloody semen. Sufferings in and about the *female sexual organs*, accompanied with cutting, burning pain during micturition. Inflammation of the ovaries, with cutting, or burning cutting pain. *Menses* black, too early and too profuse. When other symptoms agree, Cantharis "promotes fecundity, expels moles, dead fœtuses, and the placenta."

Burning or biting about the *larynx*, with contraction or constriction almost to suffocation. Profuse coryza of the air-passages, the mucus being tenacious, with painful hawking, and nightly lancinations and dryness in the trachea. Irritation in the larynx causing short paroxysms of coughing, with hurried and difficult breathing; sometimes with pain in the abdomen, or with bloody expectoration. Cantharis should always be remembered and studied in treating affections of the air-passages, when the mucus is tenacious.

Difficulty of breathing and other affections of the *chest*, apparently from a sensation of dryness in the nostrils, or in the air-passages of the lungs; this causes them to feel sensitive and weak, so that the voice is almost inaudible. *Stitches* in the chest, extending into the axilla or sternum. Violent palpitation of the heart, if accompanied with other symptoms of Cantharis.

Burning, boring, stitching, or lancinating pains in the *back*, either between or in the scapulæ, or in the small of the back; sometimes the skin over these parts burns as if a fly-blisters were there. Drawing, tearing, or lancinating pains in the neck; sometimes with burning of the skin over the parts. Cantharis has quite an affinity for the axillæ.

Violent pains of various kinds in the upper and lower *extremities*. Numbness of the lower extremities, first of one limb and then of the other.

Does not *sleep* well. Light sleep, full of wakeful illusions, such as: hears some one walking about the room, knocking at the bottom of the bed, or lifting the bed up, is grasped by the hand, or is seized about the neck with cold hands.

Intermittent fever, every paroxysm being characterized by the dysuria of Cantharis. It is a very prominent remedy in all fevers, the symptoms agreeing. Bilious fever, with terrible pain deep in the brain, distressed look of the face, and the dysuria characteristic of the medicine.

Erysipelatous inflammations, vesicular or otherwise, with burning and itching, the burning being most prominent. Ulcerations, old or recent, with itching and tearing pains; gangrenous ulcers, with same characteristics.

One of the strongest characteristics of *Cantharis* is, the patient is uneasy, restless, distressed, dissatisfied. The general pains, both external and internal, are stinging (fine stinging, not so severe as a bee sting), prickling, tearing, burning, biting, cutting, drawing, or gnawing; the bones, even, may and often do afford these distressing sensations in a marked degree.

Cantharis, 2°, is capable of curing well-developed hydrophobia, if otherwise thoroughly indicated. It is one of the most destructive agents of the *Mat. Med.*, and, at the same time, one of the most useful when properly used. I never prescribe it in a lower potency than the 2°.

CLINICAL CASE.

BY GEORGE H. BUTE, M.D.

Arnica and Ipecac. in Tetanus.

IN the year 1829, while residing at a plantation on the sea-shore of Surinam, near Paramaribo, I one morning observed an unusual crowd of negroes assembled before one of the huts. Upon close inspection I discovered them to be watching the writhings of an unfortunate negro man, who was suffering from *tetanus posticus*.

His body was so violently bent backwards that it was in the form of an Indian's bow, and was drawn in the same direction by spasmodic jerks. On learning that he had trodden upon a fish bone, which had pierced the sole of his foot, I gave him *Arnica* alternately with *Ipecac.*, and in a few hours he was well.

NOTE BY THE EDITOR.—Dr. Bute, in a letter to us of date November 4th, 1869, claims that *Brucea anti-dysenterica* in repeated doses, will do for

weak ankles all that is claimed for Barwell's apparatus by Prof. Macfarlan (see *Hahnemannian Monthly*, vol. v, p. 151). He writes, "Ever since we tried Brucea, in 1833-34, I have had cases of weakness of the ankles to treat, and in no case has that remedy disappointed me." Dr. B. also gives an illustrative case, of the previous and present condition of which we are cognizant. "The child walked entirely on its ankle, which was turned inwards. Brucea was given in repeated doses, and the little girl now walks and jumps as well as any child can, and is straight-footed." Since the receipt of the Doctor's letter, we have been called upon to treat two cases of weak and distorted ankles. In the first case, that of an infant, to which we were called by Dr. W. B. Davis, of this city, it was determined to try Brucea before anything further was resorted to. The thirtieth potency was accordingly given, December 12th, 1869, with directions that a dose be taken every other night. Dr. Davis reported, on the evening of February 10th, that the ankle was becoming beautifully straight and strong.

The second case was that of a little girl three years old, whose right ankle was very "weak," the foot turned outwards in walking, the step being made partially on the inner side of the foot. I gave Brucea 30, every night, for three weeks, without perceptible effect, and at the end of that time yielded to the importunities of the family by applying Barwell's apparatus as modified by Prof. Macfarlan; still continuing, however, the medicine. The first case may be one of spontaneous cure, but there are good and reasonable grounds for believing that it was *propter* as well as *post* the administration of Brucea.

CLINICAL CASE.

BY WILLIAM H. HOYT, M.D.

(Read before the Homœopathic Medical Society of Central New York.)

Menorrhagia—Ustilago Madis.

MRS. F., æt 28, blonde, and of scrofulous diathesis, has suffered terribly from menorrhagia for the past ten or twelve years. During the past year I was called upon to treat her. At every appearance of the menses, a profuse hemorrhage took place, and followed her up for a week, ten days, or sometimes even longer. She had become pale, thin, weak, and consequently very nervous. I had treated her for several months with the usual remedies, as indicated, and without any apparent modification, when an article in one of the journals (*Hahnemannian*

Monthly) reported a case similar in character, and for which *ustilago madis* was given with beneficial effect. I sent for the trituration and first dilution, and gave two drops of the latter in a tablespoonful of water every two hours, from the commencement of the hemorrhage until it was arrested, which result followed its administration, and from all appearances she is decidedly benefited up to date. What may occur to negative this opinion, or what metastasis may take place, are still *in futuro*. Should the arresting of it here develop it elsewhere, we gain nothing, as it is quite as well in the form of menorrhagia as if developed elsewhere. There have been no vaginal examinations, owing to a decided repugnance on the part of the patient, and consequently, I have no knowledge of the uterine status. The case is one of a hemorrhagic diathesis, and in early life manifested itself in the form of epistaxis. She has never been pregnant, although married some four or five years. This report is made more particularly to call the attention of the Society to the remedy, that others may try it.

LECTURES ON APPLIED HOMŒOPATHY.

BY HENRY N. GUERNSEY, M.D.

REPORTED BY ROBERT J. M'CLATCHY, M.D.

SECOND LECTURE.

THE subject of the *treatment of croup* was continued. The Doctor reiterated that in Lachesis croup, the children, as it were, sleep into the croup, and when thoroughly aroused they breathe pretty freely.

Aconite is indicated when the child is feverish, hot, restless, kicks its legs out. The breathing is more noisy in expiration than in inspiration, and the cough occurs mostly during expiration; the little patient seeming to dread the cough and getting angry at it. Give *Aconite* 2^c, as often as you deem it necessary; every fifteen, thirty, or sixty minutes, as the case demands. In a majority of

such cases the aconite will be sufficient to cure, and if it be homœopathic to the case, it is *not* necessary to give spongia and hepar in alternation or rotation with it. If the child should be better next day, give *Sac. lac.* in water, and await the action of the Aconite. If you cure an aconite case of croup with aconite, your patient will be less liable to a recurrence of the disease, than if you spoil the case by giving a succession of remedies.

Aconite will be suitable in any cough, croupy or otherwise, when produced by or occurring during expiration.

Arsenicum. The case is always worse after 12 o'clock, midnight. The croup gets worse by spells, during which the child seems to be in an agony of distress and restlessness; between these paroxysms it seems to be comparatively at ease, though still distressed. Give, now, a single dose of *Arsenicum* 8^m, and sit by your patient and watch the paroxysms. The first one after the dose is given may be somewhat worse than its predecessors; the second and third will be lighter, and so they will gradually abate in severity. Many children for whom *Arsenicum* is suitable, you will find have often had nettle-rash; in fact are subject to it.

Belladonna. The cough is very hoarse, harsh, and croupy, and every coughing spell makes the child very red in the face, even the eyeballs becoming injected. Excessive heat in the larynx is often complained of; and the child sometimes looks wildly about and seems frightened. A single dose of *Bell.* 4^m, will generally be all-sufficient in such cases.

In whooping-cough, where the sclerotica is so greatly injected, give *Belladonna* also.

Bromine. A great deal of rattling in the larynx all the time, with every inspiration and expiration. Rattling, wheezing, and gasping for breath. There is usually much heat of the face, and often a pseudo-membrane forms, which afterwards comes out in the form of a perfect cast of the larynx. Give *Bromine* 2°, in water, every half

hour until improvement sets in; then give *Sac. lac.* in water, every hour, and do not go back to the Bromine unless the child fails to continue improving or gets worse.

Chamomilla. I hardly supposed, at one time, that Cham. could ever be a remedy for croup, but I had a case in which everything else that was tried had failed, and noticing, finally, that the child had to be carried up and down the room all the time to keep it from fretting and crying, I gave Chamomilla and the case got well.

Hepar. The choking of the croup comes on more during the cough; the child chokes as it coughs; and these attacks come on mostly after midnight. The little patient often has a red face and high fever, hoarseness, and rattling. The child is obliged to stop coughing by reason of the choking. Do not imagine that Aconite is necessarily indicated because the fever is high, but give Hepar in such a case.

Iodium. There is pain with every coughing spell. The child will tell you of this, or if not old enough to talk, you will observe that it grasps at its throat or chest when coughing. There is often coldness of the face, the voice is deep and hoarse. Give Iodine every half hour, in bad cases, and lengthen the interval between the doses so soon as improvement is observed. Do not repeat frequently except in bad cases.

Kali bich. Tough and ropy or stringy mucus; the mother wipes it away from the child's mouth, and you will notice that it is drawn from the mouth and hangs to the napkin in long tough strings. It is mostly indicated for fat, chubby children. For such cases, which are commonly of a dangerous character, Kali bich. will be sufficient to cure.

Lachesis. The croup itself, and the choking, come on while the child is sleeping.

Phosphorus. Is indicated when the croup becomes worse towards evening; the child is better in the morning, and gets very hoarse and croupy at night. The voice is *very*

hoarse, and the cough deep. Long and slender children are most suitable subjects for the action of Phosph. I usually give a single dose of Phosph. 19^m when thus indicated.

Spongia. The cough is dry and sibilant, like a whispering cough, or it has a ringing, metallic sound. The child seems to be choked up all day and all night, whether awake or sleeping. The cough sometimes hurts the larynx. Though the fever be ever so high in such cases, do not give Aconite, for it cannot be an Aconite if it be a *Spongia* case. It is sometimes necessary to follow with *Hepar*, in order to complete the cure.

Tartar emetic. There is a sound just below the larynx, every time the child coughs, as though there was a cupful of mucus there—it is more than a rattling of mucus—at the same time there is little or no mucus comes up. The child may be thirsty, drinking but little at a time; and the head may be hot, with profuse perspiration.

The lecturer then related several cases from his diary, as follows:

A man came to my office about ten days ago, complaining of his “shin-bone.” There was a hard swelling on the tibia, which was very painful to the touch. He had pimples and sores more or less all over his body, and I have no doubt but that he was syphilitic. The orifice of the urethra was very red, and there was a scalding sensation during urination. He complained of a painful jerking in the affected limb, at night, after falling asleep, which awoke him, to recur when he had again fallen asleep. This had occurred for many nights in succession. I gave him a single dose of *Cinnabar* 2^c, dry, on his tongue. He sent word in three days that his shin-bone was no longer painful, but that the pain had gone into the calf of the leg and was inclined to go upwards; the jerking of the limb at night was much less. Sent *Sac. lac.* On the next day the pain was extending into the hip and back; the swelling had decreased. The next day the pain was in the back, extending into the shoulder, and he feared he

was about to have an attack of rheumatism, but the bony tumor was less painful and still smaller. To-day the node has decreased wonderfully, and he is able to strike it with great force without suffering any pain. I might have prescribed another remedy when this man complained of the pain having gone into the calf, but I preferred to follow Hahnemann's rule. He now has no trouble on urinating, and the redness of the urethral orifice has disappeared. I believe that the whole diseased condition will disappear, and that his skin will become healthy and fair.

I recently prescribed for a naval lieutenant who had two old chancres on his penis. He had a rough, pimply, ugly skin, the meatus urinarius was red, with scalding sensation on urinating. He had two doses *Cinnabar* 2°, and he is now quite well, and his skin is getting healthy and fair.

Here is a case of *Intermittent Fever*. The chill always began in the hands and feet, and her wrists and ankles were as cold as if they had been encased in ice. The chill spread over the entire body from the hands and feet. She was constantly restless during the fever and chill, constantly turning, and could not be at ease in one position for a moment. Drinking cold water made her worse. She had many other symptoms, but these were most characteristic. I gave a single dose of *Rhus tox.* 2°, on Monday. On Tuesday the chill was about as bad as ever, but she thought her hands and feet were not so cold. On Wednesday not so restless, and no coldness of hands and feet. Thursday evening she reported that on Wednesday she had had no chill or fever of any consequence, but had diarrhœa on Wednesday night, and that when she drank water or eat anything she had pain in the stomach (she had had such attacks before). Friday morning, diarrhœa better, but pain still in abdomen after eating; no chill and no fever. This (Saturday) morning, better in every respect and no sign of chill. She had but a single dose of *Rhus*.

This was an old case of chills which had been in the hands of a number of physicians.

A slender and delicate woman, three months pregnant, complained of pain in the back, of such a nature that she could not walk or ride; she had also profuse leucorrhœa, and was habitually constipated, having to strain very hard at stool, the fecal mass coming down to the verge of the anus, and going back or seeming to go back into the rectum. I gave her a single dose of *Silicia* 70^m. In a short time she was cured of the pain in back, leucorrhœa, and constipation.

A woman who had had a great deal of trouble, and had lost several children, was afflicted with ulceration of the os uteri, which had been cauterized and otherwise treated in the most approved style. She complained of pain in her back. There was a partial suppression of urine, the kidneys apparently not secreting a sufficient quantity, and that which was voided was of dark color and deposited a dark sediment. When she urinated freely she felt better. She was very much distressed in mind, and unhappy, having to go out of the house in search of something to amuse or interest her. The abdomen and face were bloated. I gave her *Lachesis* 100^m, about three weeks ago, and she is gradually improving. The urine is more profuse and is clear; the bloating of the face and abdomen has greatly subsided, and she is happy and contented. *Lachesis* is well suited for these unhappy people, and particularly if they are most unhappy on awaking in the morning, and when the urine is dark, with dark sediment.

Here is a case of a patient who has rush of blood to head, at night in bed, which awakens her from sleep in affright; the same thing recurring again and again. The head is hot. *Arnica* 2°, a single dose will remove the trouble nicely.

Gelsemium in Headache. The patients find themselves getting blind, and they then know that they are going to have a terrible headache, and they do have it. Sometimes

they faint away in consequence of the suffering, or have to lie down and be quiet for a day.

Sepia in Headache. The pain comes in terrific shocks, as though there was a powerful jerk in the head. While they are telling you their symptoms you will notice that they stop when these jerks occur, and you can plainly see the nature of the attack. These terrible jerking or shocking pains, when occurring elsewhere than in the head, indicate sepia.

SURGICAL CASES.

BY MALCOLM MACFARLAN, M.D.

Amputation below the elbow for Cancer—Secondary Hemorrhage—Re-amputation below the shoulder—Recovery.

ROBERT ARTHUR, 78 years of age, from Manayunk, a blacksmith by trade, rather a stout man, presented himself at the College Clinic, November 20th, 1869. He stated that he always enjoyed good general health; that about four years since something like a wart made its appearance on the back of the right hand; the hardness spread rapidly; began to soften and ulcerate, involving and destroying at first all the integument from the knuckles to within four inches of the elbow, then, without spreading farther, destruction of the muscular tissue began. The tendons were exposed, and the inflammation in the muscles was so great, that they all became thoroughly attached or fused in each other; the discharge from the diseased surface was abundant, thin, and fetid; so virile as to produce an excoriation on a healthy surface. The constant accompanying pain was of a fine stinging character; the intermitting pains were of a sharp, piercing, darting, lacerating kind, and so violent as to set him wild at times. A series of hard, pearly, nodulated growths had become a border to this extensive malignant ulcer. His physician, Dr. — of Manayunk, had carefully adminis-

tered remedies in the case, but, in our opinion, medication without amputation was a waste of time. The forearm was amputated November 20th, just below the elbow joint, by the double flap method. The hemorrhage was unusually profuse, so that eleven vessels were tied, and torsion used to control the bleeding from smaller branches. He rallied nicely after the operation, and everything progressed favorably. On the second night he slept better, and was more free from pain than he had been for years. Phosphorus was given for his general symptoms and disposition to hemorrhage. On the morning of the 26th, the edges of the flap hitherto healthy, assumed a livid character, followed by blebs and the exudation of serum. Suddenly, at noon, the coats of the radial and other vessels gave way, with alarming hemorrhage, and before a tourniquet could be applied and the flow checked, the patient had nearly gone. An attempt was then made to occlude the vessels through the fissure between the flaps, but failed, as the parts around the vessels were in a disorganized jelly-like condition. Amputation near the shoulder, as a last resort, was then performed, with the hope of finding the vessels in a healthy and normal condition. In this we succeeded, the head of the bone and $1\frac{1}{2}$ inches of the shaft remaining on the stump. On account of the patient's great age (78), the shock of two operations, and the great loss of blood, his recovery seemed doubtful. China 2^c in water, as a remedy, and nourishing diet of broiled beef, eggs, porter, &c., were given. To the delight and surprise of every one, the old man made a fine recovery, and left the building in a few weeks for his home in Manayunk.

Deafness cured by Graphites.

J. C., aged 21, presented himself at the College Clinic about the middle of November, 1869, with the following history and symptoms. About seven years since he had scarlet fever, since which he has been somewhat deaf, has

never been able to hear a watch ticking held close to his ear, is unable to fully hear ordinary conversation, and has a thin, watery, offensive discharge from both ears; his health otherwise is fair. Very often he hears a sharp click in one ear at a time, followed by an improvement in hearing, this occurs usually on swallowing (from sudden entrance of air into tympanic cavity). The mucous membrane of the meatus is red and excoriated. He is also troubled at times with a moist eczematous rash on his face. Both tympani are not perforated, but appear covered with a white coating. Graphites 2^c, in water, cured this case perfectly. He is well known to every member of the class, who have watched carefully the progress of the cure. His skin eruption and the discharge and inflammation in the meatus have been cured, and the man hears perfectly well the ticking of a watch held one foot from either ear. He hears ordinary conversation without effort.

ULCERATION OF THE OS UTERI.

BY BUSHROD W. JAMES, M.D.

(Read before the Philadelphia County Medical Society, February 10th, 1870.)

THE important functions that are required of the uterus render it subject to frequent engorgements of blood, and the intimate relationship and sympathy that exist between it and the various parts of the female organism, also influence this organ to a great extent, and tend to arouse abnormal conditions in and about the uterus and its appendages, whenever any serious disturbance occurs.

Through some undue irritation, either general or local, an inflammation is aroused at this point, which terminates in an abrasion of the mucous membrane, and hence we find the ulcerations which we wish here to notice.

1. The simple benign ulcer. 2. The carcinomatous ulcer. 3. The syphilitic ulcer. The ordinary erosion of the uterus occurs only about the neck of the organ, although

the same kind of abrasions may be found along the sides of the vagina. It gives rise to a sensation of soreness, and sometimes burning, low down in the centre of the pelvis, while pruritus and great uneasiness, restlessness, and nervousness, and a puriform or slightly sanguineous leucorrhœa are almost invariably present. With such symptoms present in non-virgin females, an examination by means of a speculum is requisite for correct diagnosis, and a proper diagnosis and understanding of the exact nature of the case I deem essential in treating these different forms of ulceration. In carcinomatous and chancreous ulcerations, the sense of touch may be sufficient to determine most cases, but where the mucous membrane, or epithelium alone is removed by disease, the finger will not, in a majority of cases, be able to detect it, and an ocular examination must be had, for sensitiveness and pain to the patient upon passing the finger over the abraded spot, might also occur in very nervous temperaments from acute inflammation of the part. This is a very prevalent form of disease at the present day, and, in many cases, is the plain result of overtaxing the physical and mental powers, in females whose systems are enervated by the home-prison lives they lead, and the loss of sleep, and irregular modes and injudicious times of eating, that fashion and custom call upon them to undergo.

Rest, both physical and conjugal, together with regular habits of life, are essential in treating this form of disease; and the neglect of these requisites often seals the nature of this affection into the more serious and more unmanageable form of ulceration, the carcinomatous, although various shades of ulceration are found occurring between the simple and this malignant form. Nitric Acid is one of the most useful remedies for this form of ulceration, and has among its symptoms a burning, itching pain, with leucorrhœa, flat ulcers, &c. Sulphur, Silicea, Phosphorus, Arsenicum, and Cantharides, according to indications, are also valuable remedies in simple ulcerations.

The cancerous ulceration is known by the aid of both touch and vision.

We find a deeper lesion of the parts involved, with more or less inflammation, thickening and hardening of the underlying tissues, and not usually the same amount of surrounding inflammation that is met with in the benign form. They are more extended in size, and commence as decided ulcers, with a roughened surface clearly perceptible to the finger upon crossing its surface.

When they result from a scirrhus formation within the uterus or its neck, they will usually develop themselves by the disease pushing out from the interior structures to the mucous surface, instead of commencing in the external and progressing to the deeper. Often small raspberry-like growths form, and when these sphacelate and drop off, an obstinate ulcer results. Here we have lancinating pains in addition to some of the symptoms of the first described variety, with pains or aching in the lumbar and iliac regions, and shooting pains down the thighs and along the sciatic nerves. If the ulceration becomes extensive, we find the bladder, vagina, urethra, and rectum sympathizing, and dysuria, hemorrhoids, vaginismus, &c., being produced. The leucorrhœa is at first a simple discharge of mucus, gradually becoming white, and then more of a yellowish tinge as the disease advances, and in the later stages it becomes acrid, excoriating, and offensive, and often assumes a sero-sanguinolent aspect. The remedies here are usually quite different from those required in the benign ulcer. Acid mur., Carbo animalis, Conium mac., Lachesis, Lycopodium, Kreasotum, and Carbolic acid are a few that have a close relationship to this disorder.

Syphilitic Ulceration.—The chancreous ulceration is readily known by its appearance, presenting but slight changes from an ordinary chancre as seen upon the skin. They are apparently deeper than the carcinomatous to the view, and to the touch present quite a cavity, but a careful examination of the diseased part will show that the

foundation tissues on which the carcinomatous ulceration exists, involves a greater swelling, alteration, and hardening of the underlying structures, than occurs in venereal ulcers. The bottom of this form of ulcer is of a grayish color, and is of an eating nature, and thus producing the cup-shaped appearance and feeling. The os uteri here is generally very sensitive to the touch, and sudden, sharp, burning, darting pains are generally present, while the discharge is somewhat of a purulent appearance, or of a greenish or reddish color, and usually consists of mucus or sero-mucus fluid, producing an inflamed condition of the vulva, with considerable itching. Merc. sol. Hah., Nitric acid, Aurum, Clematis, and Thuya are among the remedies to be first thought of in managing these cases.

It is hoped that these few notes may be sufficient to elicit a thorough discussion from the Society upon this important subject.

POLYCHRESTIANA.

BY DR. DULCAMARA.

Aconitum Napellus.

To thee, O Aconite, my thoughts incline,
Thy nonphlogistic virtues to define!
First on the roll of medicines thou art,
A sure composer of the head and heart.
When bitter anguish in its various kind,
And fearful apprehensions fill the mind;
When pulsates wildly the enfevered brain,
And writhes the system with neuralgic pain;
When seethes the blood with elevated heat,
And plunges forth to some surprised retreat,
To overwhelm with fury, and inflame
Unguarded visci of the human frame—
Then, like an angel in this floral form,
Thy touch, O beauteous plant, allays the storm.
Lo, on his couch yon suffering friend reclines,
Consuming Fever draws her graphic lines:

The flushed complexion, respiration thick ;
The arid tongue, arterial pulses quick ;
The burning throat, and avaricious thirst ;
The stifled moan, and the delirious burst ;
The ceaseless agitation, and the starts,
With dire misgiving fill our troubled hearts ;
When, lo ! thy least, attenuated drop
To all this havoc puts an instant stop :
More quickly thou this fever canst assuage
Than the phlebotomy of a bygone age.
When the head swims with reeling vertigo,
Or feels the violence of a stricken blow ;
Or yet should epistaxis supervene,
With qualms of nausea, frequently and keen ;
Should sight become o'ercast as by a scum,
And ringing sounds distract the tympanum ;
Should sense of fulness the cerebrum press,
A dose of Aconite will give redress ;
Will give redress in cardiac disease,
Acute or chronic, pains of all degrees ;
When the heart labors with oppressed turmoil,
And each exertion aggravates its toil,
The panting chest nigh struggling in despair
And with asthmatic efforts to get air,
While beads of sweat, successive periods brief,
On bust and forehead stand in bas-relief ;
When the pleuritic stitch, like keen-edged blade,
Or fell Pneumonia threatens to invade,
Still may we shield us from such evil plight,
And find a sovereign balm in Aconite.
Should Rheumatism, with envenomed darts,
Lay siege in ambush to synovial parts,
And charge alternate joints with fierce attack,
Till stretched its piteous victim on his back
Cries with irreverent words at pangs acute,
As one by one they through his sinews shoot,
The six weeks siege—that Abernethyan saw,
Vide the expounders of the olden law—
May be reduced to six days, as a rule,
With Aconite, as given by our school.
And when neurotic irritation plays
Sad havoc, in its multifarious ways ;
When parts are seized with sharp and burning pain,
As 'twere nerve fluid running 'gainst the grain ;

When the extremities are racked and torn—
With aggravations between eve and morn—
And every muscle has a separate ache,
Or paralyzing numbness makes them quake;
When tearing pains distract the head and face,
And muscles of the intercostal space;
In all affections of the wayward nerves,
Still Aconite much well-earned praise deserves.
Nor must we fail to designate the group
Where that malign phlogosis known as croup
Stands at the head, the terror of young throats :
Ere pseudo-membrane, with tenacious coats,
Hath formed the bronchial avenues among,
To barricade God's ether from the lung,
This balm will ofttimes quickly and with ease
Arrest the further progress of disease.
In all spasmodic aberrations, too,
Struggling Pertussis, with complexion blue ;
When Laryngismus Stridulus doth distort,
Or Millar's Asthma cuts the breathing short ;
In angry inflammation of the eyes,
In swollen palpebræ, or painful styes ;
In the long list of those congestive ills
Whose first approach is marked by frequent chills,
All will abate them of their hurtful rage,
If met by Aconite, in the primary stage.
Still must we make allowance for defect,
Nor more than reasonable results expect.
No remedy has yet been found which kills,
With universal certainty, all ills
That flesh and blood are heir to, upon earth ;—
Even Aconite is conditional in its worth :
Sanguineous temperament, with ready blush,
A lively circulation, quick to flush
In local parts, and either organ flood,
On small excitement, with excess of blood.
Our noble remedy but plays its part
Against all febrile symptoms *at their start* ;
When once inflammatory action hath
Produced organic change, this blocks its path.
Nor does it constitute the means to win
With fevers of a poisonous origin,
Such as Malarious, Typhus, and their kind,
Where other remedies are more defined ;

Except what choleraic collapse hight,
Which still responds to potent Aconite.
Hail, then, blest Therapeia's fairest daughter!
Though bane to wolves, thou art as bread and water
To suffering man; joyful, to thee we raise
Our heart and voice with gratitude and praise.

GOITRE.

BY R. C. SMEDLEY, M.D.

(Read before the Hom. Med. Society of Chester and Delaware Counties.)

THIS is an affection peculiar to the thyroid gland, but every enlargement of this body is not to be termed bronchocele or goitre. The tumefaction may be the result of inflammation, in which case it will be hard, painful, and tender to the touch. The true bronchocele is an hypertrophied condition of this organ, generally smooth, soft, somewhat elastic, and not always painful. This last condition, however, I have known to obtain in nervous cases, from emotions, such as disappointments, grief, &c., and more particularly at the menstrual period. In some cases the whole gland, each side, is symmetrically enlarged; in others it is irregularly developed. According to the observations of some writers the disease affects the left more frequently than the right lobe. So far as I have met with these cases, in a locality where the disease is not of frequent occurrence, this peculiarity has not prevailed.

The enlargement is sometimes consequent upon congestion of this organ. In some idiosyncrasies, amenorrhœa and secret vice produce the turgescence. In this form of the disease, the bloodvessels occasionally become so engorged as to burst, and the blood coagulating within the lax-cellular tissue, gives rise to *cystic goitre*.

In *parenchymatous bronchocele*, the glandular cells are diseased, and are developed by their abnormal action.

Goitre is not considered malignant, or dangerous, except as it may, when large and hard, impede circulation, or so

obstruct respiration as to occasion death. When it interferes with the descent of blood through its vessels, it is accompanied with fulness of the head, dizziness, and confusion of thought. These effects do not result so much from the size as from the hardness of the tumor. It has been known in some cases to be so large and pendulous as to reach the abdomen, and a case is on record of one, cylindrical in shape, reaching to the middle of the thigh.

The disease appears more frequently in women than in men, but does not generally make its appearance before the age of puberty. Children, however, have been born with it. It develops itself successively in some families, even after they have removed to a more healthful locality.

Whatever may be its aggravating cause in many cases, there is no doubt of its being, in its nature, endemic. It is attributed to an unhealthy atmosphere, in low, damp valleys, where the genial sunshine never warms the earth, nor gentle breezes waft impurities from those humid vales. It is very prevalent among the Pyrenees Mountains, and the Alpine gorges of Switzerland; it also prevails in Derbyshire, England, and hence is called there, "Derbyshire neck." Humboldt, in his travels through South America, found the people much affected with it along the Magdalen River. In this country it abounds to a considerable extent in many localities among the mountainous districts of our own State and Virginia, and through New York, New Hampshire, and Vermont. Yet it is not to be attributed entirely to the atmosphere of low places. It exists in elevated portions of the country, where the winds are ever producing a change of air, while the inhabitants of many ravines pent in by lofty mountains and extensive forests are entirely exempt. The drinking of snow-water is said to develop it; but among many of the inhabitants of Switzerland, living at the base of the Alps, whose only water for drink is the melted snow pouring down from the glaciers above, goitre is unknown. The most probable cause, where it prevails as

an endemic disease, is the presence of carbonate of lime in water habitually drank, especially in constitutions predisposed. A French chemist attributes it to the fluorides in the water of certain localities, and he developed it in a dog by administering to him fluoride of potassium.

In the long village of Deota, at the foot of Durge Mountain, part of the inhabitants, who occupy one-half the town, make use of water that emanates from a limestone bed, and many of them are affected with goitre. In the other part of the town, no more salubrious in its situation, and the people living the same in every respect, except that they make use of water conveyed through an aqueduct from another source where limestone does not exist, there is almost, if not entire immunity from this disease. And this observation has been confirmed in other sections where the malady does or does not exist. I have not had cases to treat where I thought the cause attributable to *limestone water*, but as calcareous deposits have sometimes been found within the goitrous structure, I would suggest the utility of giving the Carbonate of lime in such cases, in the high attenuations, removing the patient at the same time to where *soft water* could be obtained as a beverage. This reasoning I draw from analogy; for persons who have been mercurialized, have years afterwards had the mercurial symptoms again developed by the administration of a high potency of the same mineral; the patient ever after that enjoying better health than before. In this case it would seem that the high potencies, by insinuating themselves into the minutest cells or structure of the diseased organism, aroused the parts to more vital activity, and thus assisted nature in her work of restoration.

In the Allopathic system of practice, Iodine stands prominent among their list of remedies, on account of its power to produce absorption. It is given alone, or more frequently in combination with Iodide of Potassium. It is also used externally by painting the tumor with it, or

in the form of an ointment—the *Unguentum Iodinii Compositum*.

In our own system of practice it is also much used, both in the high and low preparations. A homœopathic physician once gave it, *low*, to a young lady, with large, well-developed breasts; and, as he asserted, “It not only took away the goitre, but the breasts also, and the girl never forgave him for it afterwards.”

Among the remedies that have been employed successfully in Homœopathy, are Iodine, Calcarea, the preparations of Kali, Mercurius, and Arsenicum, Belladonna, Bromine, Conium, Sepia, Silicea, and Spongia.

Spongia has been used as far back as the thirteenth century. Hahnemann recommends it for goitre that occurs in valleys. In the high attenuations it is said to be more efficient; and this is also said to be the experience with Iodine. Iodine, according to Raue, is called for more particularly in the hard form, occurring in dark-haired persons, with dark eyes and dark skin. I once prescribed Iod. 2° for goitre, in a lady of nervo-lymphatic temperament, light hair, and fair complexion, before reading in Raue's Pathology the above non-homœopathicity of the drug to this temperament, with no success. The tumor was not very hard, but there was an aching pain in it extending through the neck, a feeling as if splinters were lodged in the throat, deglutition difficult, she was nervous, dizzy, and uncontrollably drowsy when sitting. Bell. 2° removed it in about two weeks. A few months after, an aching was again experienced in the thyroid body, but was promptly removed by one dose of Belladonna 2°.

EDITORIAL NOTES.

VACCINATION.—Dr. Anstie, writing on the “Vaccination Question,” in the *Practitioner*, formally expresses his conviction in the following terms: “Upon no reasonable grounds can it be any longer denied that the compulsory extension of efficient vaccination to the whole population,

opens the sure road to the extinction of the small-pox. Upon no reasonable grounds can it be any longer pretended that vaccination cannot be made absolutely harmless." He introduces a table to show the regularly diminishing proportion of *deaths from small-pox*, in successive periods corresponding with the extension of vaccination, and increased facilities for its being practised in England and Wales. Thus, in an average of thirty years previous to the introduction of vaccination, the annual rate of deaths, per million of the population, was 3000. An average of three years, when vaccination had become, to a great extent, diffused, but before any public provision had been made for its gratuitous performance, exhibited the number of deaths per million as 770. In an average of nine of the years, when vaccination was gratuitously provided, but was not obligatory, the annual deaths per million was 304. During the ten years when vaccination had been, to a certain extent, obligatory, the death-rate was reduced to 171 per million.

In Scotland and Ireland, notwithstanding some defects in the vaccination acts for the two countries, small-pox has *steadily diminished, and is at present nearly extinct in both of them*. There was no vaccination act in Scotland, prior to 1863. The average yearly deaths from small-pox in the twelve years, 1853 to 1864, were 1054; in 1865, 1866, 1867, and 1868, respectively, they were 175, 200, 124, and 25. In Ireland, compulsion was not practically adopted before 1863. Vaccination was then made compulsory within six months from birth, on persons born after January 1st, 1864.

The results upon small-pox mortality are striking and unmistakable. Whereas, in the periods 1830-40, 1840-50, and 1850-60, the respective average mortalities had been 5800, 3827, and 1272; in the years 1864-5-6-7 and 8, they were 854, 347, 187, 20, and 19, respectively; in the first quarter of 1869 there were only three deaths, and in the second quarter, *none*.

To the question whether vaccine lymph degenerates by the mere fact of prolonged humanization, the answer, Dr. Anstie assures us, must be *a direct and absolute negative*. He rests this opinion on the conclusions drawn from patient and careful investigation of the large mass of evidence on the subject. Jenner himself pointed out the possibility, and, indeed, facility of degeneration, in consequence of transmission through *unselected subjects*.

Dr. Anstie disbelieves entirely the alleged transmission of other infections by the medium of vaccination. The practice of re-vaccination has proved to be much more extensively necessary than was originally supposed by Jenner. In addition to recourse to it, where the original vaccination had not run a *regular course*, it is now stated by the best authorities that re-vaccination is also required in cases where, although the course of the original infection was regular, the amount of it was small; and also in a small, indeterminate number of persons where primary vaccination was both regular and sufficient, but in whom the pro-

tective effect of vaccination tends to wear out more rapidly than it does in the majority of mankind.

LETTER FROM DR. E. W. BERRIDGE.—The following letter from Dr. Berridge is published, at the request of that gentleman, in reply to certain criticisms that have appeared, from time to time, in the *Medical Investigator*. We observe, in the January number of the *Monthly Homœopathic Review* (London), an article on "Repertories, New and Old," by Dr. Herbert Nankivell, a member of the "Repertory Committee" of the Hahnemann Publishing Society of England, in which the writer takes ground against Berridge's work, and his main point is similar to that of Dr. Angell, of Galveston, Texas, viz.: that it is not a new Repertory, because certain abbreviations used in the "Pathogenetic Cyclopædia" are taken by Dr. Berridge for his own purposes. If the appropriation of forms and formulæ are to be considered as plagiarisms, we are of the opinion that not very many original works on *Materia Medica* have appeared since Hahnemann's time.

254 ST. PAUL'S ROAD, CANONBURY, N., December 3d, 1869.

MY DEAR SIR: It was not my intention to answer the criticisms recently made on my Repertory, but, since my silence now might be misunderstood, I must request you to publish this reply:

It appears that my critic accuses me of having published, under my name, another man's work. Whether this assertion is made through sheer ignorance or sheer falsification, I neither know or care; but in either case my critic has placed himself in an awkward dilemma; for, if he has not compared the two works, he is asserting what he cannot know to be true; if he has, he is asserting what he must know to be false. My critic's acknowledgment of a "*few* additions" proves how superficial his examination of the work has been, for I have myself counted 3874 "*additions*," and since then I have added some hundreds more. With regard to my arrangement being the same as that of the Pathogenetic Cyclopædia, I will simply say that a most important difference exists, which I leave for my critic to find out, if he can; merely adding, that if he has overlooked it, his acquaintance with these repertories must be of the slightest. I am perfectly aware that my Repertory resembles the Pathogenetic Cyclopædia in *some* respects, as it does Bœnninghausen's in *others*; but, if my critic will condescend to refer to the preface, he will find that I there stated that the work was arranged "*on a new plan*," which *most* sensible people would understand to mean, that the *totality* of the plan was new, and not necessarily every minute detail of it, which would be almost impossible. I challenge my critic to name a repertory, in any language, the *entire* plan of which agrees with the *entire* plan of mine; if such exists, I have never seen it. Lastly, I would advise my critic, if he really wishes to benefit Homœopathy, to turn worker himself, and arrange some chapter of the *Materia Medica* in repertorial order. Several excellent repertories are now in progress. What might

we not expect, if the distinguished critic himself would put his hand to the plough; but, alas, he is at present only a critic:—*vox et prætereà nihil.*

Believe me, yours, very truly,

ED. WM. BERRIDGE.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. McCLATCHEY, M.D., SECRETARY.

The Vice-President took the chair at the February meeting.

Dr. Williamson presented a copy of a bill then before the State Assembly, regulating the practice of medicine. No action was taken.

Dr. Bushrod W. James, Scribe, then made his monthly report, as follows:

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

NEW CATHETER.—I will call the attention of the Society to this new form of catheter (male and female). It is Nott's silver catheter, and consists of the following improvements: the curve is not so long or great, the orifices for the entrance of the urine into the catheter are directly opposite each other, and are an inch or more in length; then, inside of the cylinder of the catheter, is a small hollow tube, which is attached to its inner wall for most of its length, and finally extends through the wall of the catheter near its outer end, while the outer end of the catheter itself is bent down a little below the ordinary axis. The advantage of this is, that you can not only use it as an ordinary catheter, to evacuate the bladder, but you can inject any fluid you wish by means of this minor inclosed tube at the same time, and thus maintain a continuous flow of liquid in and out of the bladder if desired.

SAFETY OF SULPHURIC ETHER ANÆSTHESIA.—A recent attempt to attribute the death of a patient, in the Massachusetts Charitable Eye and Ear Infirmary, to ether, has proved futile, as the patient did not die until nine days after the ether was administered, and it is ascertained that she regained her senses as cases usually do after its administration, and that, being a female seventy-four years of age, she was very naturally weak after the operation for cataract was performed, and kept her bed for four days only after it.

REQUISITES IN CLIMATE FOR CONSUMPTIVES.—Dr. H. P. Gatchell, who has given the subject considerable thought, considers dryness, coolness, and altitude the most suitable conditions to produce the greatest recuperative aid to consumptives. He says: "The altitude should be sufficient to promote expansion of the lungs, but not sufficient to involve undue rareness of atmosphere. The coolness should be sufficient to favor vigor, but not sufficient to make a great draught on the small heat-pro-

ducing capacity of the consumptive. The dryness should be such that warm weather may not be sultry or cold weather chilling, but not so great as to irritate the bronchial membranes."

KAOLIN IN CROUP.—Dr. Landesmann successfully uses Kaolin (a Silicate of Alumina) for croup where our proved remedies fail. It seems especially adapted, according to his observation, to cases where the inflammation is located "in the lower part of the larynx, or in the upper part of the trachea, manifesting itself by very laborious sawing inspiration, which meets obstruction even at this lower point."

REMEDIES FOR THE THREE FORMS OF SYPHILIS.—Prof. E. C. Franklin thinks, for primary syphilis, Iodide of Mercury is the best remedy, in secondary syphilis Stillingia, and, in the tertiary form, Iodide of Potash are the remedies superior to all others.

INFANTICIDE BY A SLOW PROCESS.—The editors of the *Philadelphia Medical and Surgical Reporter*, February 5th, 1870, in an article on baby farming in Philadelphia, wisely and justly expose to the profession this infamous crime which the police detectives have brought to light, as making its appearance in our midst. The process appears to be to feed the infants on "fresh cow's milk, diluted with water—three parts water—boiled and mixed with loaf sugar." In a few months the children die from insufficient nutriment, and yet the semblance of feeding and caring for them is kept up, and their board paid by one of their parents until the consummation at which the parties engaged in the business aim at is accomplished. It is the solemn duty of every individual member of the profession, as well as this, our Society, to use most strenuous efforts to bring to justice such parties when found, and to endeavor, in every way, to break up this form of murder, for these boarding women, it appears, in some cases take in illegitimates with the view to their death by some such slow process.

CHLORAL AND ITS ANTIDOTE, STRYCHNIA.—An experiment is recorded as having been performed on three rabbits by Liebreich, in which a mortal dose of Chloral, the new hypnotic, was administered hypodermically in the back to one rabbit, a mortal dose of Strychnia to another, and then the same dose of Chloral was injected into the third, and, as soon as the Chloral began to act, the same dose of Strychnia was injected. The first rabbit died in about half an hour. The second was taken with violent tetanus in eight minutes, and died in twelve minutes, becoming rigid in half an hour. The third had no tetanus at all, and half an hour after the Chloral was injected, began to rally, and shortly after was on his feet again and eating (*Boston Medical and Surgical Journal*, 1870). This fact is important to us even if we do not use Chloral, for it is becoming a fashionable remedy in the other school of medicine, and we may be called to treat cases poisoned by overdoses of it.

Dr. JAMES then read a paper on ulcerations of the *os uteri*, as per announcement (see page 328), which was followed by a discussion.

Dr. WILLIAMSON said the subject of the paper was one of great interest, and, in the way of cure, one of great difficulty, although we often meet with cases which readily yield to our remedies. These affections are often the result of a bad condition of the system following over-attention or want of attention. He is of the opinion that there is not more than one out of three cases of reputed womb disease genuine. He had had cases coming to him from "womb doctors" of repute, where there was no disease of the womb at all, and this, particularly, in the case of virgins. About one-half of these cases are really diseases of the vagina or urinary organs. We often have to resort to a constitutional remedy to effect a cure. Dr. Williamson thinks it best, or, perhaps, necessary, to make a correct diagnosis in a case, although we may select the proper remedy without a diagnosis. Malignant ulceration rarely attacks a woman under forty years of age. We will often find, in married women, when we think we have a simple ulcer or abrasion to treat, that a careful investigation will show some syphilitic or gonorrhœal taint, not attributable to any fault or weakness of the woman, but to the filthy wickedness of her husband. In addition to the differential diagnostic points mentioned by Dr. James, he would add that, in his experience, in the malignant variety, for months even before the ulceration can be detected, or the little hardened nodules can be felt, the induration of the uterus gives to that organ a peculiar *fixedness*. His experience does not bear out that of Dr. James, regarding the sensitiveness of syphilitic ulcerations of the os; the pain comes after touching, and not at the time of touch. The age of the patient, her being married or unmarried, the freedom with which her husband goes with other women, are all to be taken into account in making out an opinion. It is impossible to designate, in advance, the proper remedies for any of these cases. If they be gonorrhœal or syphilitic, there is no remedy equal to *Merc. sol.*, which is likewise a most valuable remedy for gonorrhœal discharges from females. Thousands of cases of gonorrhœa are treated by our practitioners, and *Aconite* never thought of, and how seldom is *Sulphur* given in advanced cases. After all our hunting for specifics for these diseases, we are obliged to come back to our old remedies. He could not say that we had any remedy adapted to the carcinomatous variety, but would recommend *Conium* for the hardening process as it first commences. For the stinging, burning pains, *Arsenicum*. If there is a disposition of the parts to bleed from the slightest touch, *Phosphorus*. *Nitric acid* and *Merc. corr. sub.* should also be thought of. He considered *Merc. corr.* to be as well adapted to diseases of the mucous membrane as *Aconite* is to fever.

Dr. H. N. GUERNSEY wished to give a word of encouragement to those who depend entirely on internal medication in the treatment of these disorders. He is satisfied that all curable cases can be cured by medicines given internally. The more we trust to our remedies the more carefully will we select them, and thus be the more successful. The

choice of the remedy must, in the main, be made from the general symptoms; or, in other words, we must treat the patient. A patient had a very considerable thickening of the posterior wall of the vagina, the uterus was prolapsed so that it rested on the perineum, and there was profuse leucorrhœa. She begged to have something to keep the womb up, as, she said, she could not get about the house otherwise. He treated her for a little while without success. She complained of great weakness. He asked her to specify the kind of weakness, and she said it was a *tremulousness*, a *weak tremulousness*. This indicated *Sulphuric acid*, but who ever gave that medicine for such objective conditions? He gave Sulphuric acid 2^c, in water, and she rapidly got well of the whole condition and of all the symptoms. A short time ago, a woman with prolapsus called to have a pessary applied; she wanted no medicine, but simply something to keep the uterus up. He reasoned with her, and she finally consented to try medicines alone for a week. The symptoms pointed to *Nux. vom.*, which he gave, and, finding herself better at the end of the week, she agreed to go on, and rapidly got well of all difficulty. The cause, dyscrasia, or morbid agency, which ultimates in these various organic lesions or derangements, has been acting for a long while in the system. It is *that* we are to remove, to antidote by our corresponding homœopathic remedy, selected, not solely by its being indicated by the local difficulty, but by the constitutional condition manifested; or, in other words, by the *tout ensemble* of the patient.

Many of our remedies are very much alike, and we get symptoms from our patients that are like those of many remedies, but there is something characteristic about all remedies and all cases. He had treated a case of *epistaxis* for some time, but without any very good effect. Finally, the little girl told him, one day, that before her nose commenced to bleed, it commenced to "*sting awfully*, and hurt her very much." He gave her *Apis mel.*, a single dose, and she has now gone a much longer time without bleeding than she had done before in two years. The *epistaxis* was hereditary, the child's father being a bleeder, and, he believed, her grandfather also.

Dr. J. C. MORGAN said he would be glad to do without mechanical supports in uterine displacements, but if he can get palliatives that can do no harm, he intends to make use of them, as preliminary to a perfect cure. He had seen quite a variety of pessaries while visiting the Woman's Hospital in New York, and was particularly taken with one said to be made of block tin, which can be readily adjusted when warm, and made to fit exactly. You measure the exact depth of the vagina with a smooth stick, and the ring pessary should be a finger's breadth shorter than the measurement; the pessary thus selected can be made into any shape that will accommodate itself to the position of the parts, and it can be adjusted to bear on any point selected. He had a case of *procentia*, the patient having *Calcarea* symptoms, which he gave, and many of her symptoms were relieved; but the *procentia* continued,

and he used one of these pessaries, which afforded great relief, and she became pregnant three weeks after commencing to wear it. In regard to the subject treated of in Dr. James's paper, in one case of cancerous ulceration under his care, *Conium mac.* relieved the fetor of the discharge.

Dr. BROOKS said that he was much interested in the subject under discussion, and agreed in the main with what Dr. Guernsey had said. In regard to vaginal examinations being so freely and frequently made, he felt called upon to give his dissenting voice. He thought it right that the physician should know all that is necessary to be known about a case, but was of opinion that there was too much freedom in making these examinations, either with the speculum or by touch. We can diagnose many, nay most of the diseases of the sexual organs without physical exploration, just as well as we can those of such organs as the brain, liver, bowels, &c., which we cannot get at. In the earlier years of his professional life he made vaginal examinations, but feels free to confess that he is more successful in his treatment of this class of disorders since relying more on the symptoms. Possibly these examinations may have a bad effect on the minds of our patients, our leading them to suppose that such examinations are essential. The physician should be, in his whole walk and conversation, pure.

Dr. WILLIAMSON stated that he omitted to mention *Cinnabar* amongst the list of mercurials. Cauliflower excrescence is a somewhat rare disease, and not often cured. He had had a case some years ago so diagnosed by the late Professor Meigs, which had been treated by a number of homœopathic and allopathic physicians, and which got well under the employment of *Sepia*. As to the remarks of Dr. Brooks, he wished to say that he had always set his face against unnecessary vaginal examinations; but there are cases in which an examination is our only hope of making a correct diagnosis; the diagnosis being made, however, frequent after-examinations are unnecessary. He had been told by a homœopathic physician that he always used a German-silver speculum, and that he had used it so often that the blades had actually worn thin, and he had to buy another.

Dr. J. C. MORGAN made reference to local treatment by caustics, as chromic acid for masses to be removed, and Churchill's tincture of iodine for more superficial derangements, and their mode of application, in vogue in the New York Woman's Hospital.

Dr. B. W. JAMES did not advocate frequent or unnecessary examinations, but thought we should make our diagnosis correctly in these cases by resorting to the necessary measures, just as we use the ophthalmoscope, the laryngoscope, &c. It is true that we have to make a diagnosis of diseases of internal organs without being able to see them, but we would be very glad to see them if we could. The physician should be, and can be pure-minded here, as in all other cases.

The Society then adjourned.

HOMŒOPATHY

In France, Germany, and England, in the year 1869.

BY CHARLES NEIDHARD, M.D.

(Read before the Philadelphia County Medical Society.)

GENTLEMEN: After my return from Europe last fall, I communicated to some friends a number of facts with regard to the present state of homœopathy in the Old World. They thought it would be advisable to give all my colleagues the benefit of my European experience, to which I could not object. I accordingly collected my scattered notes, and present them to you this evening in the form of a lecture. I do not pretend to give you a perfect account of the present state of homœopathy in Europe, but merely lay before you such facts as I gathered by the wayside. Concerning the comparative success of the high and low dilutions, and the number of physicians using them, I give only what I saw, or learned from good authority.

During my tour I visited Liverpool, Birmingham, London, Paris, Vienna, and other important cities of Southern Germany, also Switzerland and Northern Italy. In a general way I may say, that in none of these cities and countries has homœopathy retrograded, while in some it has decidedly advanced. I must, however, candidly say, that in none of them has it made such rapid progress as in the United States.

During my stay in Paris I visited Madame Hahnemann several times, and was very kindly received. She is now a lady of venerable aspect, having a high forehead and pale complexion. She does not seem to be on good terms with the homœopathic physicians of Paris. "These men," she said, "think that because they are called doctors they know something of medical science and the cure of diseases, but they know nothing," &c.

Tears came into her eyes when she spoke of Hahnemann. She does not practice homœopathy now. Dr. Bönninghausen, the son of the late celebrated Dr. von Bönninghausen, has married a relation of Madame Hahnemann, and has his office at her (Mad. H.'s) house.

Madame Hahnemann spoke a great deal of the purity of homœopathy, and the malpractice of many Parisian homœopathic physicians, mentioning a case where one of them gave fifty drops of aconitum 6 in one dose. Hahnemann, she said, deeply regretted, before his death, the abandonment, by so many physicians, of his wise and well-tried maxims.

Hahnemann's Organon will appear this year. The reason of its non-appearance is, a change of editors. It was very difficult to find a reliable editor. Dr. Stapff's letters to Hahnemann will also be published shortly.

For our Philadelphia Hospital Fair, Madame Hahnemann had promised to give me a silver cup, from which Hahnemann drank his cocoa

every morning. On leaving Paris, when I claimed my prize, reminding her of the promise, she excused herself on the ground of the family objecting to parting with it.

As to the insinuation made by some, that Hahnemann became childish during his last years, she strongly denied it. Instead of losing his memory and judgment, he was, during the last years of his life, more enlightened and deeply intelligent than ever.

With Dr. Jahr, who is now a very old man, I spent several pleasant hours. He had the kindness to conduct me to M. Charrière, the famous surgical instrument maker, in the Rue de l'Ecole de Médecine. Jahr does not speak very encouragingly of the state of homœopathy in Paris, meaning, no doubt, the belief of the people in the ultra homœopathic views. I judge this from his observation that among the one hundred or more homœopathic physicians practising in Paris, few deserve the name. He himself continues to practice almost exclusively with the thirtieth dilution.

Dr. Leon Simon delivers a regular course of lectures on homœopathy, at the Sorbonne, authorized by the Minister of Public Instruction. The introductory lecture has been published under the title "*Conferences sur l'Homœopathie.*"

According to information gained from various sources, the number of homœopathists daily increases in Paris, and the progress of the science is decided.

During my second visit to Paris I called several times upon Dr. C. Roth, whose articles in the *Leipsic Quarterly*, on the discoveries and experiments of Claude Bernard, created an extraordinary sensation in Germany.

Dr. Roth is by birth a Hungarian, and has lived some forty years in Paris, and having married a French lady, is more like a Frenchman, although he speaks German fluently. For the last seven years he has not practiced medicine at all, but has devoted himself entirely to scientific investigations. He is very intimate with Claude Bernard, who frequently visits him.

For the last two years he has been deprived of sight by staphyloma, so that he is unable to continue his literary labors. He told me he had not seen Jahr for twenty years. When the latter first came to Paris he called upon him, but Jahr never returned his visit.

He abandoned the homœopathic practice seven years ago, on account, as he expressed it to me, of the imperfections in its practical application.

Being suddenly taken very ill at Cologne, I sent for Dr. Hendricks of that city, who relieved me morally as well as physically.

He informed me there were two homœopathic physicians in Cologne besides himself; Dr. Stens, Jr., the son of the well-known Dr. Stens, of Bonn, physician to the Princess of Prussia, and Dr. Olenburg, medical counsellor. The homœopathic physicians in Prussia are now permitted to dispense their own remedies under certain conditions.

Dr. Hendricks thinks that, as a general rule, the people of Cologne, among whom he has a very large practice, are not so intellectual as those of Berlin. They prefer to amuse themselves. They drink much more habitually, and therefore are not fit subjects for homœopathy.

The homœopathic physicians are on good terms with those of the old school, which the Doctor thinks is the worst thing that could exist. If they were persecuted, they would succeed better. There are no high dilutionists among them.

Not having time to call upon Dr. Delosia, in the beautiful city of Frankfort-on-the-Main, I wrote to him, asking for a report by letter of the state of homœopathy in Frankfort and neighboring towns, which he kindly sent. In Frankfort there are two homœopathic physicians, Drs. Delosia and Andreæ. In Wisbaden there are Drs. Kirsh, Sr., and Thilenius.

In Mentz, Dr. Kirsh, Jr. In Darmstadt, Drs. Langheinz and Goring. In Baden-Baden, Dr. Pritschler.

Homœopathy makes decided progress in this part of Germany, and the number of its adherents and friends constantly increases. Among the physicians mentioned above, Dr. Kirsh, Sr., alone favors the high dilutions. The others prefer the lower.

A new repertory would long ago have been published, if the physicians most capable of editing it were not absolutely prevented by their large practice and consequent want of time.

Dr. Kammerer, of Stuttgart, which city I next visited, was so kind as to furnish me a report with regard to that city and the kingdom of Würtemberg. I will extract the main points.

In Stuttgart there are four homœopathic physicians, namely: Drs. Kittenbach, Kolb, Sirk, and Kammerer. There are about twelve homœopathic physicians at Würtemberg. With the following Dr. Kammerer is personally acquainted: Dr. Müller, in Gmünd, Dr. Widenman, in Ulm, Dr. Rapp, in Rothweil, Dr. Fisher, in Weisgarten, and Dr. Bosh, in Braunbach. The other homœopathic physicians generally practice in the neighborhood of Ulm. There are also several homœopathic veterinary surgeons. Many physicians practice homœopathically if desired. What kind of homœopathy this is one can easily imagine. Three or four homœopathic medicines are often mixed in one glass. Homœopathy has of late spread very much among the people in the country, in this part of Germany. They have, in many instances, compelled their physicians to study and practice it.

All the above homœopathic physicians give the lowest triturations and dilutions, from second to sixth. Dr. Rapp, of Rothweil, prescribes the thirtieth dilution and even the highest potencies.

With regard to a new repertory, Dr. Kammerer thinks "that the old repertory must still suffice. That the new provings and their physiological indications are so imperfect, that they cannot be regarded with favor. All these remedies must be excluded, until they are better proved."

To this remark I must join issue with the Doctor. It seems to me that only by a trial in disease these imperfect indications can be corroborated or rejected. To me, many of the new remedies, imperfectly proved as they undoubtedly are, have been of infinite value in practice, and I would not like to do without them.

Although the number of homœopathic physicians in Munich has not increased since my last visit, they are all very much occupied. In the country the people are much more in favor of it than formerly. There are hardly physicians enough to practice. Its most visible influence is, the modification of the old school practice, which is much less severe than formerly.

The chief cause of the slow progress of homœopathy in Bavaria is the want of a homœopathic university, where it may be regularly taught. It is true Professor Buchner gives regular lectures on homœopathy at the University of Munich, but most of the other Professors are opposed to it, and the students do not much frequent them. These Professors hold the rod over the students with considerable effect.

It cannot be denied that another cause of this slow progress is, the want of precision which yet exists in our homœopathic *Materia Medica* and practice. There cannot be an amalgamation with allopathy, but there must be a complete remodelling of our science. The best minds are already engaged in this work.

Professor Buchner has not altered much since my last visit to Munich. He has the same hearty appearance, and is full of life and spirit. His views correspond very much with my own in regard to the incorporation of chemical, and particularly of higher physiological and pathological knowledge with homœopathy. His hospital in the Weisengahn has eighteen beds, with a very nice garden near the river Isar. The resident physician is the son of the late Dr. Gross, a student at the University. The institution pays his expenses of study.

Dr. Pemmerl, another homœopathic physician, whom I visited several times, converted Dr. Grauvogel to homœopathy. Dr. Pemmerl showed me an important manuscript of pathogenetic symptoms, with the practical experience on the margin. I hope he will publish it.

All homœopathic physicians in Munich are fully occupied. Pemmerl, like Buchner, says that in the country homœopathy is very much on the increase.

It may not be amiss to mention here, that in the most popular literary journal, the "*Gartenlaube*," which has the largest circulation in Germany, there are constant attacks against homœopathy. They are from the pen of the popular author, Dr. Bock, of Leipzig. An answer is hardly ever permitted. These attacks contain nothing new, but they mislead many minds. I will give a few examples of the nature of his attacks.

To a homœopathic farmer who announces to him that all his domestic animals are cured by homœopathic medicines, he recommends to do

nothing and leave everything to nature, as if that had not been done long ago and failed.

He abuses homœopathists because they differ about the origin and nature of psora. He attacks Dr. Clotar Müller, of Leipzig, because he gives quinine in intermittent fever. He seems entirely ignorant that quinine is often the true simile in this fever. He finally winds up with the assertion that among all the homœopathic physicians there is not one really scientific man, but that it is practised chiefly by inferior, broken-down medical men. Whether this is true, let the annals of homœopathy tell. "Homœopathists, not knowing how to diagnosticate," he says, "often mistake a slight ailment for a dangerous one." As these attacks are of recent date, I thought a slight notice ought to be taken of them.

In a general way we may say to this Bock, that people seek and find help in homœopathy, because they cannot find it in the regular allopathic practice.

In Geneva I called upon Dr. Landesman. He came there as the homœopathic physician of a Hungarian family some seventeen years ago, and remained there ever since. It was just before the death of the celebrated Dr. Peschier, who did so much for the propagation of homœopathy in Switzerland.

Dr. Landesman, like so many homœopathic physicians in Europe, is also in favor of a homœopathic university, where homœopathy may be regularly taught, together with the other branches of medicine. Besides Landesman, there are two more homœopathic physicians in Geneva.

In consequence of the great want of physicians, homœopathy is now frequently practised by irregular medical practitioners. One of the most celebrated in Switzerland is Baron Heyer, who has acquired a very great scientific knowledge of medicine, and also of pathology, as Dr. Landesman says, by private study. He practises gratis, and was so successful in the canton of Aurgan, that the medical men became alarmed, and by legal restraint put a stop to his practice. The people of the canton, however, were not satisfied, and by an immense vote, some thirty thousand, gave him permission to practice. Notwithstanding this vote, by some legal quibble his practice was stopped. He is now practicing in the Murgthal Canton, Berne, and has three secretaries.

In Basle there are two well-educated and approved physicians, who are distinguished from their colleagues only in that they practice according to the homœopathic method. During the time of the cholera they petitioned for a section of the hospital. What happened? 1. Their petition was rejected. 2. The free use of coaches, which was granted to the other physicians in order to reach their patients sooner, was denied to them. 3. They were excluded from the festival, which took place after the cessation of the epidemic.

"Are impartial people aware," says the editor of the Basle Gazette, "that the homœopathic method in the hands of experienced physicians, saves 70 per cent. in this disease, whilst the old school is able to save only

25 per cent. If they are, their eyes will be opened to them to perceive how this medical hierarchy or priesthood, in the university towns of free Switzerland, will mislead people of cultivated minds with its impudent intolerance. We call upon the governments to put an end to such a scandal," &c. In Berne there are also two very good homœopathic physicians.

On my arrival in Vienna I called upon Dr. Eidherr, who is physician to the Leopoldstadt Homœopathic Hospital, the same institution to which the late Dr. Wurm was attached. Dr. Eidherr had just returned from a professional visit at Padua, Italy.

The Doctor had the kindness to call upon me the next day, in order to conduct me to his hospital.

As usual, there were numerous cases of typhoid fever, a very common Viennese disease. The principal remedy is mostly arsenic, without excluding other remedies. It is often complicated with bronchial irritation, for which phosphorus is prescribed.

In appropriate cases, according to the symptoms, Acid. phosphor. and Rhus are prescribed. I saw these remedies written on several blackboards.

There was a case of *hæmorrhagia ventriculi* with anæmia, presenting the characteristic "bruit" of the right internal jugular vein.

In *induratio ventriculi seu scirrhus*, Arsenic, Lacerta viridis, and Conium were prescribed with benefit.

Emphysema, Arsenic, Tart. emetic, Scilla.

In one case of typhus a large abscess had formed, which the Doctor opened in my presence.

Infiltration of the lungs is a very common process in connection with typhoid fever.

In this hospital there are seventeen beds in the first story, and twenty-two in the second, at present entirely occupied by female patients. Another part of this hospital, also under the direction of the Sisters of Charity, is under allopathic treatment.

Both schools have about the same number of beds, and seem to get along very peaceably.

One of the intelligent sisters informed me that the result in both schools was not materially different. They both cure about the same number of persons. The cause of this equal success was owing, she thought, to the old school having entirely discarded their large doses and their bleedings, and having in many respects come nearer to homœopathy. She also thought the homœopathic patients got well quicker. They were not so weak, and looked better immediately after treatment. These observations, by a disinterested observer, I give for what they are worth.

After diagnosticating the disease, the name of it is written on the blackboard, with the name of the patient and date. In important cases Dr. Eidherr makes minute special memoranda, which are often published. In

the lower ward were cases of rheumatism treated by *Bryonia*, icterus by *Nux vomica*, prurigo by *Sulphur*.

A very difficult case of hysteria was very much benefited by *Ignatia amara*.

Dr. Eidherr employs the first to the thirtieth dilutions in his private practice. In the hospital the sixth is generally used, but often also the lower dilutions. He is by no means exclusive.

It is proper to mention that this, as well as all the other homœopathic hospitals of Vienna, are distinguished by superior cleanliness.

I next visited the homœopathic hospital of Sechshaus, a suburb of Vienna, which now contains two hundred and forty beds. They commenced not many years ago with one hundred and sixty beds, but owing to the great success of this institution it had to be enlarged to its present dimensions by purchasing the adjoining properties. In a year or two they hope to increase the number of beds to three hundred.

I had no difficulty in finding the hospital, which presents a very respectable appearance. Every person seemed to be acquainted with its location.

Setting aside the sufferings of patients, it is a refreshing sight to the homœopathic physician to see long rows of patients treated according to the method which he deems the true one, and the one calculated to cure patients in the shortest and most pleasant way.

This hospital is superintended, as primarius, by Dr. Joseph C. Müller. He was one of the few physicians still living since my last visit to Vienna, twenty years ago. There is, of course, a change in his exterior, but he still looks like a healthy, hearty man, good for many years' work. His manners are extremely cordial and agreeable. I am told he is very much beloved by his patients. He has an intelligent, thoughtful countenance, denoting him a man of mark, and such he has shown himself to be. An American student, who is studying medicine at the University of Vienna, and who has been attending his clinic for some time, tells me that he is very quick and at the same time minute in the examination of his patients. He always seems to strike the nail on the head. On attending his clinic the next day, for two or three hours, I found these views entirely correct.

I also had the pleasure of making the acquaintance of his assistant, Dr. Beyer. He resides at the hospital, and has the general superintendence of it. He conducted me through the different wards and rooms, which was no small labor, as there were so many patients.

He gave me an account of the nature of the most important cases, with the treatment pursued.

One case of typhoid fever was treated by *Apis mellifica*, and one of apoplexy with paralysis, was almost entirely cured by galvanism.

The doses used at this hospital by Dr. Müller are generally from 1—3. In very severe cases of dropsy he does not hesitate to prescribe an infu-

sion of Digitalis, if such a procedure be deemed necessary to save the life of his patient.

Cold water is used in many cases. There is a fine bathing-room in the hospital.

The main difficulty in this hospital is, that it is always overfull. They can never accommodate all the applicants. Houses next to the hospital have to be bought and added to it. This year the whole hospital was painted anew, and has a very attractive appearance.

I must say a word about the diet. It is very liberal, without being too rich. Soup, farinaceous food, beef, "nudeln" (vermicelli) form the staple articles, which are varied according to the nature of the case. The general drink is water. For some convalescents, small quantities of white wine or beer are allowed. Red wine is permitted only in diarrhœa.

Dr. Beyer also informed me that it was in contemplation to erect another large homœopathic hospital at Schönbrunn (another suburb of Vienna), with three hundred beds, which would then be the fourth one at Vienna. Those who constantly maintain that homœopathy is disappearing, will please take a note of this.

I am compelled to reiterate here, what I mentioned before, namely, that this great progress of homœopathy in Vienna is entirely caused by the great success of this practice in disease. Homœopathy would still more progress, if Germany had a regular university, where students could be properly educated in homœopathy as well as in other branches of medicine.

In many universities, although less in Vienna, any evidences of leaning towards homœopathy, shown by the young medical aspirant, would be followed by persecution. The young physicians, after finishing their college course, are not easily led to new studies. They are satisfied with their present attainments and seldom adopt the new practice.

The professors at the University of Vienna, the acquaintance of many of whom I made during my former visit, have been and are all men of remarkable scientific acquirements in every branch of medical science. A word from them will easily discourage the young student from the study of homœopathy. Even if some are partial believers in it, they will hardly be able to proclaim their convictions, in view of the contest it would provoke with their colleagues.

College professors, on the other hand, being impressed with the truth of homœopathy, and having the command of large hospitals, with the necessary leisure for scientific investigations, would be the very men to place homœopathic science on a more secure footing, and give it a higher character.

The following cases, seen at the hospital, I mention as noteworthy. Chorea St. Viti, of long standing, was entirely cured by Zinc. A case of myelitis was also cured by Zinc, and by bathing with the Spiritus Phosph.

(To be continued.)

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LIGATION OF THE FUNIS.

BY CHARLES H. HAESELER, M.D.

IN 1867, Dr. A. F. A. King, of Washington, D. C., published an essay on this subject, in which, by close and cogent reasoning, he endeavored to establish the proposition, that the time-honored tying of the navel-string is altogether a mistake, and should be discarded as one of the old and erroneous dogmas of the past. I confess having, myself for years entertained doubts as to the utility of this custom; but having only for opportunity to investigate the matter, that ticklish, and fastidious arena, yept a "private practice," I have still dismissed the subject, until recently, with idle reflection, and contented myself with running along in the obstetric groove of our illustrious predecessors of bygone centuries. I would not be understood, from these remarks, as wishing to detract a single iota from the just claim of originality due to Dr. King; but simply to record them as a coincidence of analogous reasoning, which he, and not I, had the courage first to disclose to the profession; though the writer of the brochure himself disclaims absolute originality, as mention is made of the fact, that as long as two centuries ago, Prof. J. B. Fantoni, of Turin, friend and

contemporary of Malpighi, advocated similar views ; and quotes suggestive hints that have been dropped by various other writers since.

In consequence of Dr. King's essay, several physicians of Montgomery County, Pa., have experimented in the matter, and recorded the results thereof in a report of the County Society (allopathic) to the State Medical Society of Pennsylvania, in the Transactions of which it was embodied, and published in June, 1869.

From this report I quote the following extract :

"It (*i. e.*, cutting the funis without ligating) was first practised here by Dr. John K. Reid, in the latter part of 1867, or early part of 1868, since which time he has left more than one hundred cases without tying. He does not practise it in every case ; if in a hurry, or if the child be weak, he ties the cord ; in some cases, even where they had been cut a quarter or half hour, if oozing existed, he secured them before leaving. Dr. A. Stokes Jones practised it boldly ; cut the cord directly on the birth of the child ; and though the blood sometimes spirted several feet, he says it quickly ceased, and no bad results followed. But he too was sometimes afraid to leave quickly without tying the cord as a preliminary measure. Dr. W. Corson has practised it, but can not see any practical advantage in it, if done before pulsation ceased," &c., &c.

A great deal more is said in the report ; but sufficient for my purpose is to show the fact, that probably several hundred cases are alluded to in the passage quoted, where the funis was not tied, and yet no untoward results followed.

Now and then discoveries are made in physics, which, at the first blush, upon being pointed out, appear so plausible that it seems almost incredible they should have remained undetected during all the time that has gone by ; and the familiar story of Columbus and the egg suggests itself, with a pertinent moral, to almost every turn of the philosophic eye.

Thus, it appears to me the propriety of not ligating the funis should, upon reflection, at once become apparent to every physiological observer. It is but necessary to cast a cursory glance at a few well-known phenomena, that have probably a direct bearing upon the subject. Every one, of any extended experience, knows that *colic* is an almost universal concomitant of the first two or three months of human life; not quite so universal, but still frequent enough to be remarkable, and, in the absence of the present theory, quite unaccountable is that other attendant of the new-born infant, *jaundice*.

Now why is this so? and why, to the best of our knowledge, is it exclusively so with the human, new-born being, and not with any other of the order mammalia, that we know of?

Let us reflect! A child is still in utero. The current of its circulation is identical, though not synchronous, with that of the mother; *i. e.*, the blood of the child is supplied from that of the mother. From the placenta the blood passes through the umbilical vein to the body of the fœtus, a portion of it only going directly to the vena cava; the balance being distributed to the right and left lobes of the liver. The blood which enters the vena cava passes into the heart, and *right through* the foramen ovale, between the two auricles, forming a continuous circuit—the lungs at the time being of no use at all. After making the entire circuit through the fœtal system, the blood passes back through the umbilical arteries, and is ultimately returned to the maternal lungs, for aerification. This process, it may be supposed, goes on as long as the placenta remains attached to the uterine surface, and the circulation through the cord is not interfered with.

But the child is born; atmospheric air rushes into its lungs, and instantly, respiration being established, it is customary to ligate the funis before separating the placental attachment. Now, at this juncture, what are the phenomena that appear most reasonable as taking place

in the child? Instantly, when the lungs are distended with air, the heart contracts, the foramen ovale closes, and a new circuit and independent circulation is established. With that portion of maternal blood which came last through the umbilical vein, and entered *directly into the vena cava*, I confess it is difficult to conjecture any particular change as taking place in its course, being at once commingled with the general circulation in the main channels; but it is obviously otherwise with the blood which was the last to pass from the umbilical vein into the *right and left lobes of the liver*. This latter organ undergoes a wonderful change with the commencement of the extra uterine life, in this, that it diminishes in size and capacity correspondingly as the lungs increase, and dilate with the volume of inspired air. This being the case, the capillary and circulatory apparatus of the liver generally must needs undergo some diminution in diametrical calibre, which may be well enough adapted to the newly modified blood just issued from the laboratory of the infantile lungs, but hardly to the (in a microscopical sense) grosser blood of the mother—a remnant of which, in the confusion incident to the establishment of the new function, may be arrested in the compressed substance of the liver. Under these circumstances, if no stricture is placed upon the cord, a portion of this *belated* blood may regurgitate back from the oppressed hepatic lobes through the umbilical arteries, and even through the vein; for the blood flowing therefrom does not now obey the law of the previous circulation, but simply oozes from those vessels by a reflux action, as it might be squeezed out of a sponge—which process, bearing in mind the compression of the liver, it in reality resembles.

The circulation in the cord having been entirely arrested soon after the separation of the placenta from the uterine surface, it is not reasonable to suppose that any undue quantity of blood should flow from the child. To say that the small amount of blood thus lost is at the ex-

pense of vitality or vigor to the child appears to me irrational. Who shall prove that this blood does not in reality belong to the mother, or, being neutral, to the placenta? Would the process of generation be perfect if the product arrived in the external world with a blemish that prevented it from retaining all the blood necessary to its existence? Surely not.

Now let us glance a moment at the result of ligating the cord soon after the birth of the child. The ligature being placed an inch and a half or two inches from the navel, the egress of the superfluous blood alluded to is prevented, and as this cannot properly accommodate itself to the new infantile capillary system, it is retained unduly in the liver, and induces engorgement, inflammatory action, and interferes seriously with the secretory function of this organ—from which colic and jaundice must be the inevitable result.

I look upon the blood thus pent up in the newborn child not as profitable to its existence, nor as rightfully belonging to its proper circulation; but rather as a foreign element, only to be got rid of by the process of absorption.

When a man receives a blow on the bridge of the nose, it is speedily followed by swelling, extravasation, and all the phenomena of a contusion; nor will the best treatment succeed in removing the discoloration, or, in other words, the extravasated blood, in less than many days. Does any one pretend that the blood thus entering into the make-up of this familiar bruise is of any use to the individual? Surely not. Even so the blood tied up in the liver—not permitted to escape externally, and too thick to escape in the direction of the general system—must necessarily give to the liver the condition of a general bruise.

A lady, Mrs. W., has had four children, all large, well formed, and to all appearances very healthy, none weighing less than nine pounds at birth. The three first were soon affected with the most violent colic and jaundice.

The first, after suffering and lingering for six weeks, in which time it emaciated to the condition of a living skeleton, died. The second passed through a similar ordeal of sickness, but eventually recovered, with the loss of power in the lower extremities—the child now being six years old and not able to walk. The third, as fine a babe as I ever beheld, became afflicted like the previous two, wasted away to a mere shadow; but by slow degrees recovered sound health, after the lapse of six months. Not long ago the fourth was born, when I separated the cord without tying; probably three ounces of blood escaped from the child, which almost alarmed me; but I had courage enough to persist in my resolution, and left the string untied. After the first flow, just enough blood oozed out, for two days, to slightly stain the linen with which the navel was loosely bandaged. The experiment was amply rewarded by the gratifying result, that the child had neither colic nor jaundice, but grew finely and prospered in health—realizing the most sanguine hopes of its parents. As the family in which this case occurred, and the difficulties following the birth of the former children, were well known in the community, this innovation on the time-honored practice became speedily canvassed, and now enjoys a goodly share of popularity.

Of late I have discarded the ligature altogether, and feel satisfied, from the result, that the long-cherished practice is not only unnecessary, but in many cases highly injurious; indeed, who may say how many precious lives have been unconsciously sacrificed thereby! I have prevailed upon a medical friend, and upon a very popular midwife, to adopt the new practice; and hope to be able, at a future day, to report favorably, when the test of numerical success shall have added weight and strength to the theory.

It is earnestly to be desired, that physicians having charge of Lying-in establishments will not defer paying attention to this important matter any longer, as the fa-

cilities at their command give them peculiar advantages to collect a large fund of information, without incurring any risks thereby—attendants being always at hand, capable of averting impending danger from the experiment, if any there be—my own convictions to the contrary notwithstanding.

PROVING OF BRYONIA ALBA.

BY T. DWIGHT STOW, M.D.

(Read before the Homœopathic Medical Society of Central New York.)

AT 8 o'clock, P. M., Tuesday, December 7th, 1869, I took 15 drops of *Bry. Alb.* $\frac{1}{10}$, sent by our Secretary, C. W. Boyce, according to vote of this Society, September 17th, 1869.

Symptoms.

Roaring, humming in the left ear, resembling the pouring of water over a dam.

Heat in pit of stomach; worse during every inspiration.

Sensation of heat throughout the chest, particularly the left, at every inspiration.

Sense of fulness; stuffing throughout the chest.

Constant disposition to sigh, and sigh deeply.

Sensible beating in vertex, with same and fulness within cranium, in region of cerebellum.

Dryness of pharynx, with smarting just behind *pomum Adami*.

From 8.30 to 10 p. m., December 7th.

Sensation as of apple seed cell lodged in upper larynx, or *rima glottidis*.

Sharp pain in left occipital protuberance, coming and going suddenly.

Pricking (fine) in anterior third of tongue.

Dryness of tongue, with sensation of prominent papillæ.

Constant disposition to swallow, with sharp, stinging

pain in external parts (right side), on a line with the promontory of larynx.

Fluid, thin, light-colored discharge from right nostril.

Slight crampy, cutting pain, with heat in right hypogastric region, increased by every inspiration.

Dull aching in alveoli of upper jaw, right side, now jumping, and then mild.

Creeping chilliness in back, from above downward.

From 10 to 11 p. m., December 7th.

Closing of right, and opening of left nostril, with tendency to watery discharge.

At 10 o'clock, p. m., more roaring in right than left ear.

Slight pleuritic pain in right breast, about two inches to the right of, and in an intercostal space, to ribs above the nipple of that side; worse during inspiration; better during expiration.

Dull, rheumatic pain, drawing lameness in muscles of right sacro-iliac region, and in right deltoid muscle, at its centre.

Pain of a sharp kind in left infra-mammary region; worse during inspiration.

Sharp rheumatic pain in tendon of trapezius (left) on turning the head to the left.

Dull aching, and sharp, alternating pain beneath right scapula, at its lower or inferior angle.

From 11 to 12 p. m., December 7th.

Slight vertigo, on raising the head, from a forward inclination of it.

Aching in left orbit, pulsation in the same.

Increase of pain under vertex, with soreness of scalp, just over the same; painful soreness of vertex; it feels bruised.

With passing of flatus, sensation as though a diarrhœic stool would come on.

Constant and striking, is the sensation as though I must go to stool. It seems to be a sense of pressure, heat, weight, and powerlessness of sphincter ani and rectum.

Rheumatic pain in the back, between the inferior angles of scapulæ.

Constant, or rather frequent, short emissions of offensive flatus.

Dull, griping, and cutting in epigastric intestines, prior to passage of flatus; motion and standing increase the pains.

December 8th.

Sensation of plug in anus, at 6 A. M., December 8th.

Slight colic at time of rising, and through the forenoon.

Urine rather scanty, and red.

Pleasant dreams during the night.

Very sound sleep during the night, perhaps owing to sitting up late for two or more nights.

Dry, parched stools, with effort, this A. M.

Tip of tongue dry; filiform papillæ are much elevated, and prickle.

Tongue thinly coated yellow, with sunken raphe, or longitudinal fissure.

Pulse full, large, and quick; but not very frequent at 9 A. M., two hours after breakfast.

December 9th.

Dull aching in lumbar muscles.

At 6, 7, and 8, P. M., to-day, sense of fulness, weight, and of intestinal hypertrophy.

All day long, feeling in abdomen as though a diarrhœa would come on. The same sensation exists in anus.

All day long, discharge of flatus.

Dizziness on turning the head.

Intense craving for oysters and strong coffee.

Great lameness, and desire to keep quiet.

Pains in right trochanteric and gluteal region, of an aching, cramp-like, and bruised kind; worse at every motion.

Stools dry, large, hard, and very dark.

December 10th.

This morning, feel lame and bruised, particularly in right hip.

Stool, this morning, is large, hard, and dry.

Slight, thin discharge from left nostril.

Tongue presents the same appearance, and has the same sensations as yesterday.

Respiration made much easier than yesterday.

December 12th and 13th.

Much straining in order to get through defecation. Stools very dry, large, and hard.

Feel lazy, and indisposed to work.

Great sense of insecurity, with mental depression, and apprehension for the future.

Head feels light, with constant wabbling in both ears.

Sensation of weight pressing on the vertex.

Thirst for very clear, cold water.

A COMPARISON BETWEEN BRYONIA ALBA AND RHUS TOX.

BY R. E. BELDING, M.D.

Bryonia patients are quarrelsome, irritable, vehement, angry from slight causes, and of a very busy disposition.

Rhus patient exhibits more of quiet sadness and depression; is easily vexed, but less demonstrative; weeps easily; "fears some one will poison him."

Bryonia has a confused or distracted state of mind, while *Rhus* is incapable of *continuous* thought. Begins a sentence, but fails to complete it.

Both have *vertigo* under similar conditions, and each has also its peculiarity, viz.:

Bryonia has vertigo with nausea on *sitting up* after lying, *Rhus* has excessive vertigo on *lying down*, with fear of dying.

Both have *pressing pain in forehead and temporal regions*, aggravated by *stooping*. The head then feels as if it would burst.

Bryonia has drawing and tearing pain from temple to malar bone, and lower maxilla, especially the right side. Also, a sticking, jerking, and throbbing from *sinciput* to *occiput*. This is unlike any other remedy in going from before backward (according to Carroll

Dunham). These last symptoms are very valuable, as you may easily know by trial.

Rhus has a swashing and jarring in the brain, when walking or shaking the head. (China.)

Bryonia affects the occiput far more than *Rhus*.

Both have a red, hot, swollen, or puffed face; that of *Rhus* is accompanied by burning and itching, vesicles afterwards appearing on the red, swollen surface.

Bryonia has burning and itching of the eyelids, especially the margins, more of the right eye, and worse in the morning and in warmth.

Rhus has the same feeling in the eyes themselves, and at times a sensation of heaviness of the lids, or paralysis of the lids; "can hardly keep them open;" worse in the evening.

Bryonia has epistaxis of florid blood in the morning, frequently waking one from sleep; also during a suppressed catamenia.

Rhus epistaxis is of dark blood in the night, or when stooping or clearing the throat.

Bryonia has a profuse, watery, burning nasal discharge, with dartings in the head, and intense burning in eye-sockets, nose, and all through the brain, even with delirium. In this case the discharges from nose and eyes are scalding hot.

Rhus has stoppage of the nose, worse in the room, and better in the open air.

Bryonia toothache is worse from and after eating, in warmth, and in the morning or evening.

Rhus toothache is relieved or made better by applying to it the cold hand.

Bryonia has great dryness of the mouth and lips, with or without much thirst.

Rhus has sensation of great dryness, not relieved by drinking.

Both have sticking pain in throat on deglutition.

Bryonia has diminished appetite, with aversion to food, or excessive desire for food, which desire fails on beginning to eat.

Rhus has loss of appetite, or hunger, with feeling of fullness on eating but a little. (Lyc. Sulph. Nux v.)

Bryonia has little flatus in the abdomen, but its movement is painful.

Rhus has much distension and flatulence.

Bryonia has nausea after eating, and on sitting after lying.

Rhus nausea is frequently ameliorated from eating.

Bryonia has large, hard, dry feces as if burnt, without much urging to stool. Or diarrhœa, preceded by pain in abdomen, worse in the morning, from the least movement, and the desire is felt *suddenly*.

Rhus stools are scanty, yellow, watery, or jelly-like, streaked with white, frothy and often mixed with blood, accompanied by tenesmus and nausea, and burning in rectum before stool. All pains relieved after stool.

Both have frequent micturition of high-colored urine,

Bryonia scanty.

Rhus more profuse; both may be painful.

Both have a whitish, turbid urine.

Both have premature catamenia, but the flow of

Rhus is acrid when premature.

Bryonia cough is worse on entering a warm room, talking or smoking.

Rhus cough is worse during a *chill* (which, in an intermittent fever, is quite a characteristic).

Bryonia has sticking and jerking from between the scapulae through to epigastrium; a bruised feeling in lumbar and sacral region; stiffness, tearing, and tenderness of the muscles of lumbar region, preventing motion and stooping, worse from standing or sitting, better while lying.

Rhus has stiffness of the back when moving. Stitching and pressing, worse when sitting.

Bryonia has some pressing and drawing pains, which are relieved by walking.

Bryonia has stitching about the joints, relieved by warmth, aggravated by motion, with redness, swelling, and great sensitiveness to jarring or being touched.

Rhus has a similar condition, not only relieved by warmth, but also by motion.

Both have sleepiness in the daytime.

Bryonia. Sleeplessness until 3 to 4 o'clock, A.M.

Rhus until 12 o'clock at night, with great *bodily restlessness*, relieved, for a few moments, by turning over in bed. (Ars. and Acon. have a terrible *mental restlessness* and anxiety.)

Bryonia. Chill predominates in the evening, and right side, lessened by drinking.

Rhus. Chill in evening, more on left side, and increased by drinking. The skin is very painful and sensitive to cold, open air.

Bryonia eruptions are generally dry, those of

Rhus more often are moist.

Bryonia pulse is quick, full, hard, and tense.

Rhus pulse is weak, soft, and rapid.

Bryonia pains in limbs, and fever are worse in the evening.

Rhus pains in limbs, and fever are worse in morning.

Bryonia more often is worse in dry weather, from continued exercise after breakfast, growing warm, lying on the side, and stretching the suffering limb.

Rhus is better from these same conditions.

Bryonia is generally better, and

Rhus worse, from rest, in cloudy and wet weather, when standing, sitting, or lying, especially on the back, from drawing up the suffering limb, cold diet, empty stomach, growing cold, and in evening twilight.

Bryonia is over-sensitive to pain, while

Rhus is more disposed to numbness.

KEY-NOTES; OR, CHARACTERISTICS.

BY HENRY N. GUERNSEY, M.D.

(Continued from page 318.)

Capsicum Annuum.

OUR provings of and clinical experience with this drug, demonstrate that its pathogenetic effects are principally in the mucous tissues and the organs lined by them, with an occasional outcropping upon external organs.

While under its influence, a person is apt to become *taciturn* and *obstinate*. While contented, and even jovial, the least cause may produce *anger*, and an outburst of *reproaches*.

Vertigo, with staggering; chills, with anxiety. *Increased acuteness of all the senses*.

Headache when moving the head, as if it would burst, or when walking; beating or throbbing headache; darting pain in the head, worse during rest.

Itching of the scalp—such as we can imagine would result from rubbing pulverized capsicum upon it,—a sort of biting, burning, itching, relieved by scratching, but becoming very much worse immediately afterward.

Pains in the *face*, or *bones of the face*, aggravated while sleeping; eruption on the face or forehead, with corrosive itching. Unusual redness of the face, which soon becomes very pale.

The *eyes* seem large, reddish, and protruding, and the face is very pale. "Aching in the eyes, as if a foreign body was lodged in them." Dimness of sight, particularly early in the morning, relieved by rubbing the eyes. All objects look black.

Inflammation and swelling of the *petrous bone*, *very tender to the touch* (I have cured many such cases). *Otalgia* of various kinds, followed by deafness.

Epistaxis, particularly in bed, in the morning. Jerking pain in the left side of the nose, extending over or into the left eye. *Influenza*, with *violent sneezing*, and discharge of thin mucus, sometimes with burning.

Ulcers or rhagades of the lips, very painful to the touch, or on motion of the lips, sometimes with burning. Pain in the *teeth*, which seem elongated, but not much worse by biting on them.

Painful vesicles in the *mouth* and on the *tongue*, sometimes burning, and painful to the touch.

Diphtheria, with a *sensation of contraction in the throat*, continuing between the acts of *deglutition*; sometimes there is a smarting, burning, and biting in the throat, as if pepper were there (I have cured many similar cases with a single dose of caps. 2^o). Common sore throat, with the above symptoms, also readily yields to Caps. Inflammation and elongation of the *uvula*, with sensation as if it pressed on something hard.

Flat, insipid *taste*, as, for instance, butter tastes like clay. *Heartburn*, when the eructations seem like the fumes of Capsicum. Eructations accompanied with a

stitch in the side. Sour taste, everything tastes sour. *Thirstlessness*. Increased appetite, followed by aversion to food.

Sensation of *coldness in the stomach*, as though cold water was there, and afterwards sensation of trembling in that part. At times a sensation of burning, with occasional pungent eructations. Nausea, and sometimes vomiting, immediately after taking coffee. Red face immediately after dinner, and the patient must go to stool, during or after which there is burning in the anus.

Sensation of *very great distension*, or fulness in the *abdomen*, with *great difficulty* in breathing; or, with painful pressure in the lower part of the back. Hard pushing or sticking sensation in a small spot in the left iliac region.

Colic around the umbilicus, with mucous *stools*, sometimes streaked with blood; every stool is followed by thirst, and every drink by shuddering; must go to stool immediately after drinking, passing nothing but mucus. *Diarrhœa*, with smarting, stinging, or burning pain.

Frequent but unsuccessful desire to urinate, though one feels as if the urine must flow. There is more or less burning, or smarting, or sharp pains about the urethra at various times, before, during, or after micturition.

Impotency, with *cold and shrivelled scrotum, testicles, and spermatic cords*. During and after emission of semen, drawing pain in the spermatic cords, and crampy pain in the testicles. Violent erections, *only* subdued by the application of cold water. *Gonorrhœa*, and sometimes purulent discharge from the urethra.

During the *menses*, pressure in the pit of the stomach, with inclination to vomit. Disordered menstruation, with a *pushing or sticking sensation in the left ovarian region*.

Cough in the evening, after lying down, until fairly settled and quiet; when the cough ceases for the night. Cough especially after drinking coffee. *Very painful sensation in the throat when coughing*. *Stitches in the neck of the bladder when coughing*. Aching pain in the ear with every

cough. Drawing pain in the side of the chest when coughing, extending into the neck of the same side. When coughing, pain deep in the thigh, extending into the knee. When coughing, a bad-smelling or bad-tasting air comes out of the lungs.

Stinging, stitching, or sticking pains in the *chest*, when coughing. One feels frequently obliged to take a deep inspiration, it seems as if it would relieve all the symptoms. *Asthma*, with a stiff back, and frequent sighing respirations. Painful sensation as if the chest were pressed upon, causing great oppression, which is increased by motion. *Asthma*, with red face, or face alternately red and pale.

Painful pressure in the lower part of the *back*, with sensation of great distension and fulness in the abdomen.

Drawing, tearing, and stitching pains from the *shoulder* towards the hand and fingers. Pain, of various kinds, extending from above downwards, in the inferior extremities.

Sensation as if one were falling from a height during *sleep*. Many dreams full of contrarieties.

Intermittent fever, the chill commencing in the back and gradually spreading from thence all over the body, with thirst, and increased chilliness after taking cold water. Chills coming on gradually until the extreme point is reached, and then declining gradually,—they are nearly as long in decreasing as in coming on. Fever, the face being alternately pale and red.

Stinging, or biting and burning itching all over the *skin*, worse on the scalp, face and chest.

Superficial drawing pains in different parts of the body, lasting many hours. When rising, in the morning, or at other times after having been lying down, the joints feel stiff and sore, and as if dislocated; but on continuing to move, this sensation passes off.

Many of the symptoms of *Capsicum* are *aggravated* in the morning, by contact, in the open air and by cold weather. *Amelioration* from continued motion.

(To be continued.)

POLYCHRESTIANA.

BY DR. DULCAMARA.

Belladonna.

WHEN Belladonna, or, in other words,
When Beauteous Lady medicine affords,
To Beauteous Lady, else, in plainer phrase,
To Belladonna let us turn our gaze:
And here again an evidence we find
How worth excites the malice of mankind,
When even Beauteous Lady is defamed,
And Deadly Nightshade most unkindly named.
Lo! Plutarch seconds, with politeless aid,
The hue and cry against Nocturnal shade,
Asserting that (its fair repute to mar),
In Antony's army of the Parthian war,
A large proportion of his heroes brave
Were brought thereby to an untimely grave.
And 'tis averred, that infamous Macbeth,
Among the Danish soldiers scattered death
By poisoning their provisions with its use,
Within the period of a pending truce.
'Tis further said, that Belladonna will,
When taken in large quantities, distil
Lethargic narcotism through the blood,
And drive the humors to their ugliest mood;
Disturb the sense of hearing, and of sight;
Confuse the pupils, and dilate them quite;
Distort the features, and unseemly bloat;
Occasion dryness of the mouth and throat;
Inflame the pharynx and œsophagus;
Establish laryngismus stridulus,
Which renders deglutition difficult,
And throws articulation in tumult;
And that, with fever, nausea, thirst within,
It thrust a scarlet rash upon the skin;
Brings on hysteria, with its whims and fears,
Its fits of laughter, alternate with tears;
That oftentimes the thus invaded brain
Is sorely racked, and put upon the strain;
Reels with the madness of delirium quite,
Or sinks in coma and oblivious night;

No more susceptible to stimuli,
Insensible to every means we try,
That very culmination of mishaps,
The nervous system prostrate with collapse,
With stertorous breathing, and with long-drawn sighs,
A gasp, a spasm, and the victim dies!
But, haply for the human family's good,
'Tis Belladonna in an angry mood
That I have thus portrayed, a toxic sense,
For which it yields a generous recompense,
When Therapeusis, with caressing palm,
Subdues the remedy, and makes it calm.
Couched on maternal, downy lap, the child,
Whose blood tumultuous with fever wild,
Or clothed with crimson blush from crown to feet,
Its throat, with tumefaction, gorged complete,
The head drawn back, and eyes upon a stare,
With stertorous struggling for a little air;
Now Belladonna, with resistless force,
Will stem this torrent in its downward course;
Will curb the morbid and impetuous flood;
Cleanse, cool, and pacify the troubled blood.
Nor only when the malady exists
That Belladonna our regard enlists,
But when that threatens families to attack,
This prophylactic power may keep it back:
One tiny pellet on each loved one's tongue,
And all may safely wag its fears among.
As Jenner, small-pox taught to circumvent,
And gained thereby a stately monument,
So to the illustrious Hahnemann is due
Some recognition (and, he hath it too),
For teaching us this antidotal aid,
Where Scarlatina would our hearths invade.
When deadly Typhus, like a brooding fate,
Sits crouching in the shadow of life's gate,
Impatient with her heavy gloom to blind
The rhythmic reason of the normal mind;
Or percolates her venom through the air,
Feeding the lungs with mortifying fare;
When all the functions flag them one by one,
And the poor suffering brain is quite undone;
Ranting like maniac, with exhausted breath,
Or imitates the lethargy of death,—

Oh, then, how gently Belladonna soothes,
And all this turbulence of temper smooths!
With alcoholic poison on the brain,
Observe the poor inebriate's piteous strain;
The wild hallucination and affright,
The fancied visions that molest his sight—
Phantasmagoria of that strange alloy,
Snakes, rats, and demons, threatening to destroy;
All the component symptoms that construe
That loathsome illness, *Mania-a-potu*.
But Belladonna hastens to appease
The foul toxæmia of this dire disease.
As Arsenic the conjunctiva blights,
And Mercury sublingual glands excites,
So Belladonna, 'tis of special note,
Inflames the mucous membrane of the throat;
But when from other causes this we feel,
It has specific aptitude to heal
Though shines the fauces with congestion keen,
And painful deglutition supervene;
Nor need we some slight ulceration fear,
For with the redness it will disappear.
When the medulla oblongata strays
Aside from its distinctive normal ways;
And chorea, which by some one much appalled,
"Insanity of muscles" has been called,
Makes manifest its strange eccentric ills;
Or epilepsy through the system thrills;
Or infantile convulsions should take place,
With vomiting, and much congested face,
Especially with overbalanced heads
Which oftentimes to hydrocephalus leads;
In headache, as of poniards piercing through,
Of nervous type, and the congestive too;
In amaurosis, deafness, and perchance,
In pains, neuralgic, like of cutting lance—
All these conditions frequently succumb
To Belladonna, or Stramonium;
For these two remedies have much in kind,
And either may be favorably inclined.
In cystic irritation both excel;
In many uterine complaints as well;
But, of the two, the former is the chief,
And oftenest likely to afford relief.

Nocturnal enuresis to assuage,—
 The plague of children, and declining age—
 Yet should true inflammation supersede,
 Cannabis and Cantharis take the lead.
 In relaxation of the sphincters and
 Os uteri it shows supreme command.
 Add to these properties the function great,
 Which it exerts the iris to dilate,
 And we can clearly fathom from these acts,
 That all contractile fibres to relax,
 Is one of its inherent qualities,
 And frustrates oft the progress of disease.
 The remedy is of most power possessed
 When all the vital forces are depressed—
 When ganglionic centres indicate
 A sluggish, or an irritable state;
 When stupefaction the cerebrum weighs,
 And a delirious tendency betrays.
 There is an obvious contrast, at first sight,
 Between this remedy and Aconite:
 The latter rules where flashing fever thrills
 Through every vein, and alternates with chills;
 The former where the fever seems to brood,
 In sluggish anger, o'er the poisoned blood.
 But the two remedies a power combine,
 To which most blood disturbances resign,—
 A power most apt in quick pursuit to bring,
 To catch the germ of sickness on the wing.

OBITUARY.—DR. EDWARD CASPARI. We are called upon to chronicle the painful intelligence of the death of Dr. Caspari, of Louisville, Ky. ; one of the pioneers of homœopathy in the West. Dr. Caspari was a native of Germany, and twenty-six years ago was an assistant to Dr. Hering. Subsequently he removed to Louisville, and was very successful in establishing a large and lucrative practice, and in bringing homœopathy into general favor. He retired from professional pursuits about six months ago, leaving his practice to his successor, Dr. Wm. L. Breyfogle, and, residing at his country seat, turned his attention to the cultivation of the grape. He died February 4th, of typhoid pneumonia, aged about sixty-two years.

EDITORIAL NOTES.*

OUR COLLEGES.

THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.—The annual commencement exercises of this flourishing institution were held at noon on Wednesday, March 9th, 1870, at the Academy of Music, in the presence of a large and intelligent audience. After prayer had been offered, the graduating class were addressed by Prof. C. G. Raue, the valedictorian of the occasion. The Professor's Address was an able effort, replete with good advice founded on practical common sense. The degree of Doctor of Medicine was then conferred on forty-nine graduates, by Edward S. Lawrence, Esq., Chairman of the Corporation Trustees.

The *Special Degree* of the College was conferred on James H. Patton, of Richmond, Va., and the HONORARY DEGREE on Carroll Dunham, M.D., of New York, and Timothy F. Allen, M.D., of New York. The graduates were the recipients of numerous choice bouquets, and some of them of more substantial tokens of the regards of friends, after which Prof. Morgan addressed a few parting words to the class on behalf of himself and colleagues. The exercises concluded with a benediction. The music on this occasion was very choice, being under the direction of Mr. Carl Gaertner.

In the evening the officers of the College, invited guests, and graduates, assembled in parlor C, Continental Hotel, and subsequently proceeded to the dining hall to partake of the good things there so temptingly spread before them. The banquet was given by the Faculty, in honor of the Graduating Class, and reflects very creditably on the managing committee, Profs. Martin and Gause. After partaking of the choice viands, the feast of reason and the flow of soul was inaugurated by Prof. O. B. Gause, who, acting as toast-master, read the following sentiment, and called on Professor Hering, who presided at the feast, to respond: "*The Unity of Medical Art and Science.*" We print Dr. Hering's capital response entire, as follows:

"*The Unity of Medical Art and Science,*" is a toast sent to us by one of our friends in New York,—(Dr. S. Lilienthal, Editor H. M.)

In order to respond to it, let us analyze it. *Unity means oneness*; two shall be *united*, to be like *one*. These two are *medical art* and *medical science*.

What is medical art? The art of medicine is to *heal the sick*. This is, as in every art, *doing* a certain thing.

What is medical science? The science of medicine is to *know by what means to heal*. To know how it should be done, and the *why* and *wherefore*.

The one is, to *do* what we *know*, the other to know *what* we do. The one is the *good* for the *truth*, the other the *TRUTH* for the *GOOD*. Thus we see that in theory or according to philosophy they *are one*.

But now let us look to life ; and here we shall find a great difference of opinion.

There was a homœopathician in Paris, an anti-Hahnemannian one, who not very long ago said : "Science is *everything* ; art is *nothing*. The sciences have outgrown the artistic rules given by Hahnemann." Others, again, have said : "To cure people is all that we want ; never mind the sciences." They kicked overboard pathology and diagnostics (a great many other sciences would have followed), and the end would have been "a book and a box," and, if to be had, a diploma, and that was all *they* wanted.

We, the Hahnemann College, declare that the one is as important as the other ; they are like the right and left side of a man, and, if there is a difference, it is like that we make with right and left. Soldiers who are drilled for the march are taught, all over the world, to put the *left* foot down first. When we shake hands or when we write, we prefer to use the right hand. It has been said : "*Art is first ; science follows it.*" It is true men used the lever to lift heavy loads before they knew the laws of equilibrium—the mathematics of it. Every child first learns to use its hands to take hold of a thing before it learns to use its feet to walk. What would have become of our mechanical arts had not mathematics been developed ? If the laws of the cycloids had not been searched for we could not have built engines to facilitate commerce between nations, nor have constructed watches by which to measure the heavenly motions, If electricity had not been examined by scientific men, we could never have sent messages across the ocean. As the arts cannot progress without science, so the sciences could not progress without the arts. It was the master of his *art* who constructed a microscope to enable science to comprehend the interior organization of the body of man.

All progress depends on the unity of art and science. Let us apply this to education, and especially medical education. Can we consider it sufficient education if we cram our students with half a dozen different sciences for twice four months, six or seven hours a day (Sundays excepted), and, when examination week comes round, to squeeze them like sponges to find out whether they have sucked in enough.

It is all of no use if they do not know how to apply it. The practical instruction is of the same importance as the theoretical. Our students must learn the *art* of healing, as *well as the science* of healing. An art can only be taught by example. The student ought to practise under the skill of the teacher, until he has sufficient skill to do it alone. Our Hahnemann College has done this as far as it could. We have a chair for pathology and diagnostics, and we have one for clinical medicine. We have a chair for surgery, in which is taught the whole circuit of the science ; and we have one for clinical surgery, from which the student receives practical demonstration.

All this is good, but not enough. We must have a hospital, and a hospital that will grow. We must have an increase of the term of study,

and, if we succeed, an increase of the number of chairs. And now we repeat the sentiment of our friend: "*The Unity of Medical Art and Science*. To us it is the *inseparable oneness of our college and hospital*."

A number of other sentiments were given. "Our Alumni," called out Dr. E. A. Farrington, who happily responded. "The Graduating Class" was ably represented by Dr. T. S. Dunning; "Botany" excited the eloquence of our excellent friend, Dr. T. F. Allen, of New York; while the genial smile and mellow voice of Dr. H. M. Smith, of New York, attracted, as usual, the attention of all, the occasion being the toast to the "American Institute of Homœopathy," a society for which he has done so much hard work. "Boston" was not forgotten, and Dr. Gause, who keeps the remembrance of her hospitality green about him, said the correct thing. Dr. Williamson, who has assisted in the education of more homœopathic physicians than any other man, handled the subject "Medical Education" with the progressive spirit of the times; Professors Thomas, Stevens, Morgan, and Koch, responded respectively to "Anatomy," "Chemistry," "Surgery," and "Physiology." "Our Literature" was very appropriately intrusted to Prof. Raue, and "Our Journals" were highly recommended by the editor of the *Hahnemannian Monthly*. Finally, to add to the pleasure of the occasion, a vein of poetry, to dilute the prose, was furnished by our good friend "*Dr. Dulcamara*" (Charles H. Haeseler, M.D., of Pottsville, Pa., author of "*Across the Atlantic*"), who recited one of his materia medica poems, the subject being Belladonna [see p. 369]. At, or about, the "wee sma' hour anent the twal," the "banquetting hall was deserted," the guests wended their ways homeward, each one satisfied that he had passed through a gala day for Homœopathy.

CLEVELAND HOMŒOPATHIC MEDICAL COLLEGE.—The twentieth annual commencement of this excellent college took place February 16th, 1870, at the College and Hospital Building on the Heights. Prior to the commencement exercises, a discussion on the use of opium and alcohol was held between members of the profession.

The commencement exercises were opened with an address to the graduating class by Rev. T. K. Noble, on "Fidelity to Duty." The valedictory was delivered by Professor Schneider, prior to which the veteran Professor Blair addressed the assemblage. The Degree of the College was then conferred on thirty-five graduates, two of the number being women. The exercises of the Hahnemann Society, including the conferring of its diplomas and an address by Professor T. P. Wilson, next followed, and the eventful day was concluded with a banquet at the Kennard House.

This college is in a very prosperous condition, and, with the advantages of its hospital, promises to become still more so. Women may here enjoy all the privileges and advantages afforded men, in efforts to secure a medical education.

PENNSYLVANIA HOMŒOPATHIC MEDICAL SOCIETY.—By the action of the President and Censors of this Society, the Annual Meeting will be held at Erie, June 3d and 4th, the Friday and Saturday immediately preceding the meeting of the American Institute. It is hoped that a large number of members will attend.

OUR COLLEGES.—We have reports from most of our colleges prepared, but want of space obliges us to omit them until the May number.

EMERSON'S BINDER FOR THE HAHNEMANNIAN.—Mr. Tafel can supply these binders, of a size suited to the *Hahnemannian Monthly*, for sixty cents apiece; "larger ones in proportion."

PUBLICATIONS RECEIVED.

ANNUAL REPORT OF THE BOARD OF REGENTS OF THE SMITHSONIAN INSTITUTE, for the year 1868. Washington: 1869. Pp. 462.

We are in receipt of a copy of this most valuable and interesting annual issued by the Board of Regents of the world-renowned "Smithsonian," founded, through the benevolence of an individual, "for the increase and diffusion of knowledge among men." The report of Professor Henry is unusually interesting, giving, as it does, not only a description of the doings and progress of the Institute itself, but, as well, a succinct account of the various scientific facts and propositions of the year. Amongst other valuable papers, we notice, as particularly interesting to medical men, A report on the influence on health of the Washington City Canal,—which contains many facts that apply with equal force to other localities where slack-water navigation is permitted;—and two articles translated from the French of M. Flourens, the one a memoir of Cuvier, and the other a history of the works of that great naturalist and philosopher.

From the Catalogue of Publications of the Institute, appended to this volume, we learn that they are already two hundred and twenty-six in number.

THE NEW ENGLAND MEDICAL GAZETTE.—The fifth volume of this excellent journal commenced with the January number. The monthly parts are materially increased in the number of their pages, and the *tout ensemble* of the journal is greatly improved. Our brother editor will, we trust, permit us to offer our congratulations on the increasingly fine appearance of his always handsome magazine.

THE HOMŒOPATHIC QUARTERLY. Rollin R. Gregg, M.D., Editor and Proprietor. Vol. ii, No. 1.—This journal has now entered upon its second year, and with every prospect of a successful continuance. The chief feature, for some time to come, will be the publication of an "Illustrated Repertory." Two plates are presented in the initial number representing, *coup d'œil*, many symptoms in our complex symptomatology. We have no doubt but that this method of representing the action of remedies will prove very valuable to practitioners. The editor remarks (page 32): "This is the first instance, we believe, in the history of medicine, in which symptoms for medical guidance have been represented to the sight." We beg to assure Dr. Gregg that his belief is incorrectly founded. More than twenty years ago, Drs. Hering, Jeanes, and Williamson, of Philadelphia, and perhaps others working with them, figured the *Materia Medica* in a manner very similar to the plan of the two plates referred to above, and thought of carrying the work throughout the whole list of medicines. We have seen some of these plates or pictures in the possession of Dr. Williamson. It is customary, nowadays, in asserting that there is "nothing new under the sun," to refer to China for the finding of something analogous to every new discovery and invention; but in this instance we need go no further than Philadelphia, the headquarters of things homœopathic.

In addition to our usual exchanges, we have received the following publications: *The Inaugural and Annual Addresses before the Homœopathic Medical Society of the State of New York*, February 9th, 1869. By William H. Watson, M.A., M.D. *Catalogue of the Museum and Library of the Hahnemann Medical College of Philadelphia. Inaugural Address delivered at the Hahnemann Medical College of Philadelphia*, at the opening of the Session of 1869–70. By Lemuel Stephens, M.D., Professor of Chemistry. [The above pamphlets should have been noticed ere this, but were removed from our desk, and were consequently neglected.] *Canada Health Journal*, Vol. i, No. 1. Edited by Cl. T. Campbell, M.D. London, Ontario: 1870. This looks like the commencement of an excellent popular homœopathic journal. Its price, fifty cents per annum, is such as to place it within the reach of anybody. We hope it will be well sustained. *Tenth Annual Report of the New York Homœopathic Dispensary*, for the year ending December 31st, 1869. New York: 1870. This institution opened May 28th, 1860, has dispensed the beneficence of homœopathic treatment to many thousands of sufferers, in the past ten years. During the year ending December 31st, 1869, 10,371 patients were treated, with a mortality of 34. Of the cases, 1498 were surgical, and 660 vaccinations were performed. The Board of Trustees remark that "the experience of each succeeding year proves this to be the safest, the mildest, as also the most efficacious mode of medication, and far the most economical."

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. McCLATCHEY, M.D., SECRETARY.

THE February meeting of the Society was held on the evening of the 10th ult., the President, Dr. Richard Gardiner, in the chair.

An amendment to the constitution was offered by Dr. Dudley, as follows:

"There shall be elected, at every Annual Meeting, a committee on Prevailing Diseases, consisting of two members, whose duty shall be to report monthly, either separately or conjointly, respecting the nature, symptoms, treatment, &c., of any disease that may be prevalent in this city. And such report shall not be open for discussion, except by a vote of the Society."

It was laid over, under the rules.

Nominations were then made for officers, to be voted for at the Annual Meeting to be held April 14th, 1870.

Dr. Bushrod W. James, Scribe, then submitted his usual monthly report, as follows:

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

CUTTER'S MICROSCOPE, A COMPACT ONE FOR CLINICAL USE.—This new clinical pocket microscope of Ephraim Cutter, M.D., of Boston, is probably the most complete compact instrument of the kind out. (Illustrated cut exhibited.) It looks, as you see, like a spy-glass somewhat, for the eyepiece and objective are both inclosed in a tube. Thus the latter is not liable to become injured against foreign substances. It has high powers as well as low. In using it, say for liquids, such as urine, or other secretions, put a drop of that to be examined on a glass slide, and cover it with a thin covering glass, then absorb the superabundant fluid with blotting-paper, when the cover will, by capillary attraction, be found to adhere to the slide, even when upside down. With the cover-side next to the microscope, slip the slide under the elastic spring, found at the outer end. Bring the object over the opening, in the centre of the stage, then turn the microscope up to the light, like a field-glass, and then focus the instrument upon the object. The advantage is, that it may be carried in the pocket, and the physician can always have it for use at every bedside he visits, if he wishes, without trouble of bulky conveyance. Mr. Robert B. Tolles, of Boston, microscope maker, has made an objective, of very high power, to go with this instrument, by which wet objects are placed on the distal end of the objective itself, after which a cover is placed directly over it, doing away with the slide altogether in immersion, so that examining with it, the light has only to pass through the cover first, then through the object itself, and then directly into the objective, and through the instrument to the eye.

RELAPSING FEVER.—In 1867, I made a tour through many of the

European hospitals, and saw, in one or two, some cases of what was denominated "relapsing fever." On the continent, it is called typhus recurrens, or seven-day fever. The English call it famine fever, or bilious relapsing fever. As this form of disease is assuming an epidemic form in a neighboring city, I will call the attention of the Society to it. You will remember the "spotted fever," that visited our city, a few winters ago, affecting most severely the localities of Manayunk, Bridesburg, Kensington, and Frankford, and will recall the suddenness with which the attacks of the disease came on, and how rapidly fatal, in many cases, it proved, carrying off its victim in from 16 to 24 or 48 hours from the first symptom of the attack. This was a typhous form of fever, and so we believe the relapsing fever to be, but very different in its mode of affecting the physical organism. That commenced with a sudden chill, or coldness of one part of the body, without warning; the relapsing fever has shiverings, or slight chilly feelings; that produced great prostration; so does the latter, only in the former it was more sudden; that produced a headache that seemed to start from the back of the head, and shoot through to the forehead, and up into the head, and often act like waves of pain, rolling through the head, and at the base of the brain, in many instances; this produces also a headache, but it affects, generally, the forehead the most violently; that sometimes produced vomiting, but the relapsing almost always causes it in its early stage; that produced death quickly; this will act slowly, and very much (although not entirely) like typhoid fever, except that about once in five or seven days, the patient becomes worse, and the improvement that has gone on in the case is apparently all overturned without any assignable cause, and if death results it is usually after a series of these relapses, and possibly after several weeks of illness, and the system is worn out, unless the attack is of a malignant form, in which event a quick termination may result. The pulse, in spotted fever, often falls far below the normal standard; here it runs high—here also we have muscular soreness, and pains in the joints; in spotted fever, spinal congestions and pains, changing their locality. In the spotted fever the blood soon becomes changed in its character, and purple, or red, or dark spots (petechia) come out over the skin; in relapsing fever this is not the case, although a bronzed tint of skin is sometimes present. When the spotted fever first broke out, about one-half died under allopathic treatment, about one in sixty-five under homœopathic management; but in relapsing fever, although the statistics are meagre, only one in about thirty cases dies under allopathic rule, while no statistics of homœopathic treatment of it have yet been made.

So much for a brief comparison of one typhous type (spotted fever) of disease that you have seen, and another typhous form (relapsing fever) which has not, except sporadically, been met with in Philadelphia. In relapsing fever the temperature of the body, which is usually about 98° Fahrenheit, soon rises three, five, seven, or even in some cases to nine degrees higher. The skin becomes dry and has a parched feel to the

touch, and instead of a soft, pleasant sensation which is experienced in rubbing the hand over the arm of a person in health, a harshness and dryness, and pungent heat is noticed. This continues for a few days, often a week or more, when a sweat comes on and the patient begins to have flying pains and aches in different parts of the body if they have not been present before; but otherwise shows signs of getting rapidly better, when lo! a fresh attack of the disease comes on as before, but probably not quite so violent, which runs on in the same way only to act similarly a few days later.

Some cases, in addition to the shiverings, will be seized with unaccountable violent neuralgic pain in some part of the body, often some part of the bowels, which will come on periodically, at intervals of a few minutes or a few hours in spite of the most strenuous efforts to relieve it; but complete quietness and rest, in a recumbent position, will usually help it in two or three days. It is a peculiar symptom of the disease, and the smothering up of the symptoms by anodynes only lull it temporarily, as it will almost invariably return when the effects of the soporific remedy have worn off. Sometimes these pains are continuous, and one not acquainted with the disease would think he had simply taken cold and was getting rheumatism, and that the feverishness was the result of it. Some take little heed to the inroad of the malady, thinking they only have neuralgia, or that they can go on with their business and "wear it off," as they term it, but they only thus fix the disease more firmly upon themselves, and make it assume a much more dangerous form thereby.

The spleen usually enlarges, and it is much like intermittent fever in this regard, and then the periodicity of the relapses is quite regular in the same case.

If the patient have but one relapse, he will get rid of the disease in about three or four weeks, with a slow, tedious convalescence, however, which sometimes leaves either an ophthalmia, dysentery, dropsy of the lower extremities, articular effusion, or swelling of some of the cervical, parotid, submaxillary, or inguinal glands.

If a pregnant woman be taken with the fever she invariably aborts, and with a still-born child, although she herself will be likely to recover from it.

The remedies that suggest themselves as especially to be looked at in treating this fever, are:

Arsenicum, which has the vital depression that characterizes this fever; also, this symptom, "*paroxysms of fever, neuralgia, or general weakness returning at fixed hours or days.*"

Bryonia, which corresponds with the vomiting, headache, and the abdominal pains, the shuddering and coldness, and the evening or night aggravation of symptoms.

Pulsatilla, when the flying pains, backache, coated tongue, with loss of taste and chilliness are present, especially in pregnant females. *Rhus tox.* may be called for, but is not so much indicated as in typhoid fever.

CARE IN LABELLING POISONS.—It has been suggested that every poisonous article sold or on the shelves of the chemist or pharmacist should have printed on every label, the best antidotes, and the dose of each, and how they are to be administered. It ought to be a national law.

GOOD OMEN FOR THE PEOPLE—Drugs appear to be getting below par, for almost every apothecary has now, in these modern times, especially since homœopathy is so widespread, in order to make business flourish, to get in a stock of fancy goods of very curious character, and bearing quite a distant relationship to allopathic drugs, which latter seem to be very much less in demand than formerly. The following from the *Boston Journal of Chemistry* for March, is an illustration: "A prominent drug store, situated on the corner of two important streets in this city, is advertised in the newspapers for sale. The owner says: 'A knowledge of the drug business is not necessary, as the trade is principally fancy goods, patent medicines, cigars, and soda water.' In what strange associations medicines for the sick are placed in this and other cities. '*Patent medicines, fancy goods, cigars, and soda water*' are principally sold in this drug store, and no knowledge of medicines is needed by the proprietor! And yet this is a drug store, and the sick are expected to go to it for remedies." We wonder where all the real drug trade has gone to? Or why is it so few drugs are sold as to make this item of a druggist's business unprofitable?

ILLICIT MEDICAL DIPLOMAS—We notice in the public journals, accounts of diplomas being unworthily sold by an eclectic medical institution in this city. We hope the investigations will be thorough, and that punishment, if guilt is fastened upon any of the professional doctors, will be as summary as it was to the Congress sellers of cadetships. The medical camp needs some cleansing out and purifying, not only on this point, but also on the score of those disreputable characters known as abortionists and infanticidists.

RATHER INDIGESTIBLE—In the *Boston Medical and Surgical Journal*, No. 2194, is a notice of a lady who swallowed a gold plate with six artificial teeth on it, and two clasps by which it had been attached to the back teeth. In three days they passed through the alimentary canal without pain, and made their exit per anum. They were replaced, subsequently, in the mouth for masticating purposes. A few days ago, a gentleman whose child I was attending, told me he had given the infant a gold sleeve-button of quite a large size to play with, and that it had swallowed it. I told him it would pass in a day or two, which it did, without any pain to the child.

JOURNALISTIC CHANGE.—Dr. Hirschell, of Dresden, on account of ill health, has withdrawn from the editorship of the *Neue Zeitschrift für Homœopathische Klinik*, and Dr. Kafka, of Prague, succeeds to the position.

MEXICAN HOMŒOPATHIC SOCIETY.—The homœopathic physicians have organized a medical society in Mexico called the "Institucion Homœopatica Mejicana."

The subjects embraced in the Scribe's report were then declared open for discussion, there being no regularly appointed paper presented.

Dr. WILLIAMSON first referred to the selling of medical diplomas, and stated that the number of persons engaged in the traffic had been narrowed down to three, and that the Homœopathic College had fully exonerated itself. In regard of the swallowing of indigestible substances, he mentioned the case of a baby, who swallowed a diaper pin (an old-fashioned Victoria pin), and twelve months after, the child having a diarrhœa, the pin was passed during a stool; it having occasioned, during the whole period, no apparent inconvenience. Another child swallowed about three-quarters of an inch of a large iron spike, including the head, which passed through the bowels in about one week thereafter.

Dr. GARDINER stated that in 1831, a man came to his office, and stated that he had something in his throat; that he had partially swallowed a piece of pie-crust, but could not get it "all the way down." Thinking that pie-crust would soon become moistened and dissolved, the Doctor made no account of the circumstance, and, being then an allopathist, ordered a dose of Castor oil. About one year after this, the man again called, and told him there was some obstruction in the anus, which gave him great pain and uneasiness. Upon examining with a probe, the Doctor discovered a metallic substance, which, on being extracted, proved to be a needle, and which, he had no doubt, had been swallowed a year before, in the pie-crust.

Dr. WILLIAMSON remarked, that the most troublesome case of the kind he had had, was one in which a child had swallowed a number of percussion caps. They gave rise to a great deal of pain and diarrhœa, but finally passed from the bowels.

Dr. B. W. JAMES related a case of *relapsing fever* he had had under his care. The man had about five relapses, occurring at intervals of about a week. He is now recovering. *Arsenic* seemed to suit the case best, but *Bryonia* relieved the pain in the side. There appears to have been quite a number of cases the past winter, having the characteristic disposition to relapse.

Dr. GARDINER stated, that he had had a case of fever, similar to that described by Dr. James, but relapses did not occur so frequently, and the disease did not last so long. In looking over *Jahr's Forty Years' Practice*, under the head of "typhus fever," he noticed a case related in which relapse occurred every seven days. He followed the treatment laid down by Jahr, except that he gave the two hundredths instead of the thirtieth potency.

Dr. GUERNSEY.—We have, in many cases of disease, this tendency to relapse, and, for such a condition, *Sulphur* and *Calcareæ carb.* are better

than Arsenicum. If I had a case that relapsed every seven days, I would think of *Sabadilla*, and it might be, that a single dose would cure the whole trouble. *Sulphur*, in my opinion, would cover the most of these cases. We must, of course, be governed in every case by the totality of symptoms and conditions. The disposition to relapse can be broken up by the homœopathic remedy. The term "relapsing fever" is a very convenient name, but the name of a disease should not influence us in selecting a remedy. I believe that *Sabadilla* would prove a grand remedy in cases where there is this tendency to relapse every seven days. *Sambucus* is very useful in fevers, where there is a very profuse sweat, so profuse, indeed, that the patients tell you they are "fairly flooded away." *Scarlet fever* has prevailed to a great extent in our city, during the past winter, and is still very prevalent. *Sulphur* has proved an invaluable remedy in my hands. Frequent sinking spells, too warm by spells, and wants to kick the bed-clothes off, petechiæ, were indications for the use of Sulphur in one case, for which I gave a single dose, high, and in forty-eight hours the child was very much better, and got well rapidly. Sulphur has, in my hands, also been the best prophylactic this year, and I have used it very extensively. Belladonna has not proved itself a prophylactic, and, I am inclined to think, it has, on the contrary, done more harm than good, when so used (this year); as those who took scarlatina, after its use, seemingly had the disease in a worse form. *Small-pox* also made its appearance, to a limited extent. In the first case I was called to, the child was unusually delirious, calling constantly for his mother, although she stood by the bed. I gave Stramonium, as it seemed to be indicated, but noticing that water invariably made the child sick, and that he was very restless and distressed, *Arsenicum* was given; the eruption soon came out, and the child felt first rate. In *inflammation of the lungs*, during the past winter, Sulphur has done good service.

Dr. B. W. JAMES.—I was called to a case of scarlet fever, in a family where there were five children. The child who had the fever got well under Bryonia. Belladonna was given to the other children as a prophylactic, and but one of them took the disease, and in a milder form than the first case exhibited. It also was treated with Bryonia. I have seen a number of cases of *measles* this season, having, mostly, a very fine eruption, in spots.

Dr. H. N. GUERNSEY stated that he wished to say a few words about the treatment of *prolapsus uteri* by medication alone. He had been laughed at, but his position was the true one. The right remedy *must* cure. He related the following case: Complete *procentia*; the subjective symptoms all pointing to *Cantharis*. Now what was to be done. Use mechanical support—a pessary—alone, or with *Cantharis*, or use *Cantharis* alone. The pessary would only mask the symptoms, and I might think I had cured the case when I had not.*

* In the *Journal of the Gynecological Society*, Vol. ii, No. 3, Dr. H. R. Storer remarks (p. 134): "With reference to the general question of the use of

The "key-note" of the case was, *she passed her urine by drops, with cutting, burning pains*. I asked the patient if she could lie in bed for a week, and she said she could; but even if she could not have done so, I would not have used a pessary or a bandage. I gave her a dose of *Cantharis 2c*, and she remained in bed for a week. At the end of that time she could pass her water in a full stream, entirely free from pain. Now the anti-Hahnemannians would say she could not pass urine normally, because the uterus pressed on the neck of the bladder; but why does not the uterus do so in all cases, and cause this disturbance? The morbid agent at work in that particular case had produced the entire chain of symptoms, subjective and objective, the procidentia being part of them. That woman went on improving under the single dose of *Cantharis*, and the procidentia and the urinary troubles are removed.

Dr. WILLIAMSON.—I have seen more cases of *mumps* this year than for a long time; no case, however, which I would call severe or dangerous. There have been cases, also, of swelling of the face, with stinging, burning pains, and redness of the internal canthus of the side affected. I have given *Apium virus* for most of these cases. In one case of measles, in a girl fourteen or fifteen years old, the eruption did not come out well, there being just enough to tell that it was measles. There was a rough cough, coming on in paroxysms, and distressing her very much. I gave *Drosera*, and in twenty-four hours the cough was much better, and in forty-eight hours it had disappeared—a very unusual thing in the cough of measles. She soon got well. I cannot understand why physicians will persist in giving *Pulsatilla* in cases of measles, with hoarse, scraping cough, when *Drosera* is so plainly indicated. I have recently had three cases of miscarriage, which were difficult to manage, and bore a striking resemblance to each other. All these were ushered in with rigors. I never thought of relapsing fever, but these patients seemed to be getting along very well, and would then go back again. In two I gave *Cinchona*, with good effect. The patients were all greatly prostrated, one particularly so. In the three cases the embryo passed first, and the placenta afterwards.

The Society then adjourned.

pessaries, he could only reiterate what he had stated at a previous meeting of the Society, that he had far less confidence in them than formerly, and removed twenty where he inserted one. Not only might it occasion irritation, and thus aggravate the endometritis so commonly accompanying displacement, but by partially relieving the symptoms, as it undoubtedly often does, so far as backache, difficulty of micturition, and unease of walking are concerned, it calls the attention of the practitioner from the subinvolution, hypertrophy, &c., which had originally occasioned the displacement, and, at the same time, leads the patient to suppose herself cured, while, in reality, the disease itself is only becoming the more chronic." This statement against the use of pessaries takes weight, not only from Dr. Storer's large experience, but as well from the fact, that it is his hobby to *use* instruments and mechanical appliances in the treatment of diseases peculiar to women.—EDITOR H. M.

HOMŒOPATHY

In France, Germany, and England, in the year 1869.

BY CHARLES NEIDHARD, M.D.

(Read before the Philadelphia County Medical Society.)

[Continued from page 352.]

THE most successful remedies in epilepsy, at this hospital, are Ignatia amara, and Calc. carb., which is exactly my experience in Philadelphia. I have cured more cases of epilepsy with these two remedies than with any others.

The cases of variola are in a separate building.

Alternation of remedies is practised in some cases, *e. g.*, for cerebral typhus, Dr. Müller prescribes Spiritus Camphoræ in alternation with China.

Several cases of alleged morbus Brightii were cured by Bryonia and Arsenic.

The homœopathic pharmacy is most excellent. It contains all the tinctures and triturations, from the first to the sixth. Higher dilutions are seldom used. If an aggravation occurs, the expectant method is pursued, when generally an improvement takes place.

They have a select pharmacy of the stronger preparations, of which they do not hesitate to make use in particular cases, and also in cases of surgery.

The surgical wards are attended by a surgeon of eminence.

The kitchen is kept in that clean nice way which is so pleasant to behold.

There is also a chapel for religious observances.

The garden, which is large and commodious, has shady walks and many seats. I saw several convalescent patients in different parts of it.

There is also a clergyman attached to the institution, who takes care of the spiritual welfare of the patients. All denominations are admitted on equal terms. You will find there, Catholics, Protestants, and Jews.

Dr. Beyer also conducted me to the "Todten-Kammer" and dissecting-room. All cases of importance are here examined after death.

I left the hospital, which was scrupulously clean, with great satisfaction, promising to be there the next day during the clinic of Dr. Müller.

In the meantime, I bent my way to the Gumpendorf Hospital, which I had described after my last visit, when it was under the management of Dr. Fleischman. At present the chief physician is Dr. Rothhausel. Some few of the sisters whom I met there before, were still attached to

the hospital. Dr. Rothhausel not being present at the time of my visit, one of the sisters conducted me through the building. The cleanliness of this hospital is also remarkable.

Since my last visit, the number of beds has been increased from 40 to 70. The pharmacy, as in all the other homœopathic hospitals, is under the superintendence of the sisters, and all the remedies are prepared by them. It is to them a labor of love.

I need not mention the great advantage which their disinterested assistance gives to the hospital in every way. They mix the sugar of milk with half the quantity of sugar, because, they say, the patients do not like the pure sugar of milk. The remedies in chronic cases are administered in the form of small packages, of which, a quantity which will lie on the point of a knife is taken morning and evening. This saves the trouble of making so many small powders. Each package lasts about a week.

The next day I followed the clinic of Dr. Joseph C. Müller, at the Sechshaus Hospital, very closely for two or three hours. His diagnostic talent was very evident and most gratifying.

Dr. M. made the remark that a great number of patients were tuberculous. This is also true with regard to America. Here, also, a great number of patients are tuberculous, or, at least, many diseases are complicated with tuberculosis. What is this insidious disease, prevailing so extensively all over the globe, in every civilized country? There must be something in the general condition of the globe, or in the peculiar habits and manners of life of the present generation, to foster it.

On following Dr. M., we saw first a case of scurvy treated by Acid sulphuric and Tart. emetic.

In delirium tremens, Laudanum forms his chief remedy.

The case of myelitis was one of the most remarkable he ever attended. The patient had ataxy, and lay there like a marble block. Phosphorus, internally and externally applied, was the chief remedy.

In ascites, Digitalis. In severe cases, the infusion.

In emphysema accompanying bronchial irritation and pneumonia, Phosphor. is always an important remedy.

A terrible indurated swelling of the parotid gland was cured by Merc. Sol. H.

In typhus abdominalis—a very common disease here—Arsenic is their chief reliance. They are very successful with it. Dose 1–3. The typhus is often complicated with bronchial, intestinal, and cerebral irritations, and according to these predominating states, requires different remedies.

Dr. Müller prescribes many remedies in acute otorrhœa, but in the chronic form, with fœtid discharge, which is so difficult to cure, he gives Petroleum⁵ with the greatest benefit.

The Carbolic Acid, being so highly extolled, as he told me, in the "Allgemeinen Krankenhaus" (allopathic), in periostitis and scrofula of the bones, he tried repeatedly, without any effect. He relies, in such cases, upon Silicia and Merc. sol. Hahn³.

Epilepsy is mitigated, and often cured, by Silicia, particularly where the symptom of sleeplessness is present.

In the second stage of pleurisy, where exudation has taken place, Sulphur is best after Aconit.

Typhus often commences with catarrhus bronchialis et intestinalis before it is fully developed.

Apoplexia paralytica cannot be completely cured without electricity or galvanism.

Arsenic is always best in that kind of pneumonia which is accompanied by diarrhœa and meteorismus.

Several cases of hyperæmia cerebialis from insolation were treated with success by Belladonna. In one case, Apis was given.

In difficult, hard, nightly coughs, where the patient is kept awake by incessant tickling, he gives, like myself, *Laurocerasus* 1.

For the exhibition of *Guaiacum*, 3 and 6, he has adopted the characteristic symptoms from the old school, of pleuritic stitches in the left side, with tuberculosis and emphysema.

Colocynth 6 he declares almost uniformly successful in neuralgia ischiatica at night on the left side. He has not the same faith, however, in the side theory, as some other homœopaths.

In *tabes mesenterica* he considers *Calc. carb.* and *Lycopodium* the best remedies—my own experience.

He administers small doses of Camphor to prevent phlebitis.

Balsam of Peru in purulent phthisis, in sputa globulosa, is, with him, extraordinarily beneficial.

A remarkable case of endocarditis, carefully diagnosticated as such, he cured by *Spigelia*. A case of gonitis by *Hydrarg. solub.* 3.

In insufficiency of the valves, in fact, in all valvular diseases of the heart, Arsenic holds the first rank, which is also my experience.

In phlegmasia alba dolens, Arsenic, *Acid. sulph.* *Sepia* 6 is often prescribed by him in chronic hemorrhage of the lungs. I have also found this remedy useful in obstinate cases.

There was also at the clinic a remarkable case of metritis acuta, caused by abortion in the fourth month, when *Acid. phosphoricum* was given in water as a drink, and afterwards Camphor.

In all these cases there were, of course, other symptoms which I did not quote, because I merely wished to furnish you with a general idea of the treatment at the hospital. As far as I could ascertain, the results, in all cases, were most striking. Equally beneficial results might be obtained in other hospitals if they were conducted on the same principles of liberality and common sense.

If Dr. Müller's treatment had not been so eminently successful, his wards would not always be overcrowded, the majority of patients preferring to go there instead of to other hospitals.

You will have the goodness to follow me to England, and examine with me the state of homœopathy in that country. We shall commence

with Leamington and Birmingham. England, to the visitor from the United States, gives the impression of stability, order, and a fixed state of things. The houses, the shops, the men, all have that appearance. Homœopathy, a comparatively new science in such communities, does not progress with the same rapidity as in the land of the young giant, called the United States. Nevertheless, since my last visit to England, it has decidedly advanced. It has become a fixed thing. If it has not conquered the old school, it has modified its practice to a wonderful extent, a fact which is admitted on all hands. The old school physicians give smaller doses, less complicated prescriptions, and hardly ever bleed now. Professors like Sidney Ringer, of London University, write books which contain from beginning to end, nothing but the clearest homœopathic practice, although the name of homœopathy is never mentioned.

In Leamington, near which we staid for two weeks in the beautiful home of an English country gentleman, homœopathy is represented by Dr. Collins, who has a large and increasing practice. He gave me a favorable account of the state of homœopathy in this part of England. Dr. Sharp, the author of the numerous tracts on homœopathy, lives near Leamington, at Rugby. He is frequently consulted by the physicians of the neighborhood from distances of twenty-five miles. He is a small man, but of very vigorous and active habits. The homœopathic physicians in this part of England, generally adopt his views, with the exception of the name "Organopathy," which they reject.

In Leamington, I saw, for the first time, invalids as well as healthy-looking ladies and gentlemen drawn in rolling-chairs, sometimes by quite old men. This was to an American a rather novel sight.

The universal love of flowers is a beautiful trait of the English character, almost all, even the poorest and smallest houses, had flowers in the windows. There was a cleanliness, order, and solidity, about these houses, which was charming to behold. On the other hand, the abundant use of meat, and the almost universal use of heavy Spanish wines, to be met with here, would destroy an American constitution in a short time. Even English constitutions, with their cold climate, will not be able to stand it forever.

Their incessant exercise in the open air, favored by their cold climate, makes them all more muscular and the frame more robust, enabling them to stand a greater amount of fatigue than is possible with Americans.

But you do not find the quick intelligence, so common with our people. Any common man, or even a little girl, in the United States, could give you a more satisfactory direction than the porter at the hotel, whose business it was to direct strangers.

My next visit was to Birmingham, which contains six homœopathic physicians. There are no high dilutionists among them.

The principal diseases prevailing in Birmingham, are bronchitis, pneumonia, and rheumatism. Tape-worms are also very common. There are fewer typhoid fever cases than in Liverpool. The mortality is less than in London—only 17 per cent.

The Birmingham Homœopathic Hospital is in the centre of the city, in the "Old Square."

When you enter the building, you first find on the left side, the patients' reception-room. On the same side is also the pharmacy, where all the different dilutions are kept in perfect order. Besides, I saw their glycerine, ether, and other drugs, for cases of necessity.

On the right side, opposite, is the waiting-room of the patients. It will hold twenty-five patients, but is altogether too small for the great number which seek aid there. This room is very neat and clean.

The contagious diseases are on the third floor, separated by a wicket from the rest of the building.

The in-door patients were of various kinds. Nervous diseases, like chorea St. Viti, were in one room, and cases of pneumonia and pleurisy in another. One case of icterus was there only one day, and had already improved. The treatment was not materially different from ours. There is a room especially devoted to operations on the eye, in the charge of Dr. Thomas, surgeon of the institution; Dr. Blake is the physician. They both have the reputation of being very successful practitioners.

Chemical and microscopical examinations of pathological products, and of the urine, are never neglected at this hospital.

A small but very nice room is devoted to dental operations, on specified days and hours during the week.

There is also an intelligent matron.

It will be observed, that this institution comprises everything that a reasonable man can expect. At present there are only twenty beds. The number of patients being much greater than the hospital can accommodate, they have lately collected money to enlarge it. They may probably erect a new building. For a population of 300,000, it is altogether too small.

Like all homœopathic institutions it has had its sad history. The same prejudices prevail everywhere. Some twenty years ago, Dr. Pearson, of Birmingham, opened a small dispensary, the annual income of which was £100. In 1859 the dispensary became a hospital. Several other physicians having in the meantime been converted to homœopathy became interested in it. The report of 1860 showed a balance in the hands of the committee of 1100 pounds sterling. Since that time the institution has grown largely in the esteem of those for whose benefit it was established. About this time the "Queen's Hospital," an allopathic institution, erected for the benefit of the workingmen, was undergoing certain reforms. It was thought a favorable opportunity to make an application to it for the benefit of homœopathy. Mr. R. L. Chance, a man of wealth and influence, and a powerful friend of homœopathy, made the request to the committee to have two wards of that hospital set aside for homœopathic treatment. It was refused, though the refusal was couched in very polite terms. Thus the erection of a separate homœopathic hospital became a necessity.

The reasons brought forward by Mr. Gamgee, the old school surgeon

and chairman of the workingmen's fund, for refusing to grant the request of the homœopathic committee, are rather plausible for any one not well informed on homœopathic subjects. You will permit me to quote a part of them, as well as the excellent answer of Mr. Chance.

"I hold the so-called homœopathic doctrine to be opposed to the fundamental principles of physical and natural science, and I see no more reason of encouraging their practice in the hospital to which I am surgeon, than were I a minister of the Gospel, I should feel justified in allowing doctrines opposed to the essential truths of Christianity to be preached in a church under my charge; or were I at the head of an engineering establishment, I should feel justified in allowing time and capital to be wasted by an experimenter who entertained opinions fundamentally opposed to the laws of gravitation, the power of the lever, and the expansion of steam.

"I believe it to be the interest of society and of the progress of truth, that free scope be allowed for the development of differences; but, while I would do nothing to curtail the liberties of others, I decline to do anything which can imply my approval of opinions which I hold to be fundamentally erroneous."

To this letter of Mr. Gamgee, Mr. Chance replied among other things as follows:

"You must allow me to remark, that your letter gives evidence of such ignorance of the real nature of homœopathy, that it proves the necessity for a public trial of the fundamental principle of that system of medicine,—that like cures like; and if you will take the trouble to read the appendix by Dr. Dyce Brown, of Aberdeen, to the pamphlet sent herewith (*Homœopathy: its Nature and Relative Value*, by Archibald Reith, M.D., Aberdeen), you will see that this principle, which seems to you so fundamentally erroneous, has been acknowledged by many teachers in the so-called orthodox medicine, to be true with regard to several of their drugs.

"Wherever, therefore, an allopathic physician cures maladies with any of these remedies which are admitted to act on homœopathic principles, he is a homœopath to that extent, no matter in what dose he prescribes them; for it is altogether a mistake to suppose that the infinitesimal dose is any part of the principle of homœopathy.

"I cannot myself see anything irrational or unphilosophical in this principle, and if it be admitted to hold good in many cases by those who belong to the so-called orthodox school, surely there is nothing unreasonable in the suggestion that the confident assertion of homœopathic physicians, that it holds good in the great majority of cases, should be subjected to the severe ordeal of a public test within the walls of Queen's Hospital.

"The mere assertion of yourself and others, that the 'so-called doctrine of homœopathy is opposed to the principles of physical and natural science,' will not suffice to convince the non-medical public that you are right and we are wrong, since homœopathy is at the present time practised by thousands of qualified medical men in Europe and America.

"Nothing short of a public test will satisfy the public, and if the committee and medical staff of Queen's Hospital decline to accept our challenge, on no better grounds than those brought forward in your letter, the inference drawn will be that the medical men of the so-called orthodox school are afraid of the result of such an experiment.

"With reference to the question of dose, I would mention that homœopathic physicians do not adopt one uniform system. Some give tangible quantities, others infinitesimal doses, and all vary the doses according to circumstances; but all are agreed as to the principle which should guide them in selecting a remedy," &c.

So far Mr. Chance. Another member of the Homœopathic Committee, Mr. Hines, made, on the same occasion, the following just remarks: "Let there be freedom of conscience in physic as well as in theology. The homœopathists ask for what an enlightened public opinion will give them, namely, a fair field and no favor. Who is afraid? Certainly not the homœopathists. They court investigation. They ask that their system shall be fairly tested. What can be more reasonable and just? Moreover, they are prepared to pay all costs, if the proposal is carried out. If Mr. Gamgee has so much faith in his own principles and opinion, why need he be afraid?"

Another speaker, Dr. Earle, remarks: "Whatever, in our opinion, is good in homœopathy, allopathy, hydropathy, and the numerous other pathies in existence, we extract and add to our common store."

To this, the homœopathic editor truly rejoins: "What allopathic medical journal would publish his 'extract' of anything, which, in his superior wisdom, may seem good in homœopathy, if he offered it to the editor with a full account of its homœopathic history?"

"All that we demand," continues the homœopathic editor, "for our peculiar tenets with regard to the homœopathic use and proving of medicine is, that they should obtain free discussion, like any other points of medical science. The moment this is done in ordinary medical literature, we will abandon our distinctive homœopathic literature. The moment ordinary medical societies shall treat homœopathy calmly, and as a scientific subject, to be examined into and accepted, if proved to be true, or rejected if proved to be false, that instant the occasion for our distinctive societies will cease."

But the Homœopathic Hospital in Birmingham continued to flourish, as shown by the fact that the increase of attendance during the year 1868 was 2855; the numbers being, out-patients, 13,791, against 11,599 in 1867. Visits to home-patients, 1504, against 860. In-patients, 113, against 94.

In London, I found a most cordial reception by my old friend, the veteran Dr. Dudgeon, who invited a number of his colleagues to a late dinner, in order to meet me.

The English physicians think that American physicians visit England

more frequently than the former visit America, which is, undoubtedly, also true with regard to non-professional scientific travellers.

Of the 112 homœopathic physicians in London, there are, I was told, about 12 so-called high dilutionists.

The homœopathic physicians in London charge one guinea (equal to 21 shillings) for three visits. In extraordinary cases one guinea is charged for the first consultation.

One day I went to see Dr. James Garth Wilkinson, who lives in a large house in Wimpole Street, with a very fine reception-room for patients. He received me very kindly. He has a very open, pleasant countenance, and offered to do anything for me in his power, during my sojourn in England. He has a large practice, and therefore not time to attend the Homœopathic Hospital. In practice he is a liberal, using high dilutions as well as low. As an instance of his opinions, he showed me a bottle of the Sulphite of Soda on his desk, which he said he used frequently in appropriate cases. He said he would not like to be a physician without it.

From what I could gather, the exclusive high dilutionists are not many in London. The most exclusive are Drs. Quin, Wilson, Neville, Wood, Leadam, and Drury.

There are at least twenty-five homœopathic pharmacutists in London. With their agents they number at least fifty-five. Frederick Ross is the President of the Homœopathic Pharmaceutical Society. He gave me a pamphlet on the preparation of tinctures, which is very interesting.

The Homœopathic Hospital is in Great Ormond Street. It is a palace-like building in appearance, with fine architectural proportions, and has an open yard on both sides, in the rear of which are some large trees.

I was welcomed first by the secretary, and afterwards by Mr. John G. Blakely, the residing surgeon of the institution. The latter was kind enough to furnish me with a very complete account of the present working of the hospital. In conducting me over the premises, he explained everything in a very satisfactory manner. At the time of my visit there were only forty inmates, but it can easily accommodate one hundred.

On the ground floor on the left side of the entrance there is a general sitting-room which can accommodate over 150 outdoor patients. There is also a smaller room for twenty patients.

There are, besides, three large rooms for each particular treatment. 1. One room for the examination of the eye and throat, with ophthalmoscope and laryngoscope; 2. A private examining room; and 3. A consulting room. A lady puts up the medicines on the same floor.

Some patients pay a shilling for a card of two months. Pink cards are held by subscriber's patients.

On the second and third floors there are five wards on each floor. The beds are so placed that each patient has 1000 cubic feet of air. The names of the attending physicians are always written on the blackboard over the head of the bed. At present there are six attending physicians.

(To be concluded.)

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THE HEMORRHAGIC DIATHESIS.

BY JOHN J. DETWILER, M.D.

(A Lecture delivered in the Preliminary Course at Hahnemann College,
Philadelphia.)

THE hemorrhagic diathesis is characterized by a predominant and generally hereditary predisposition to repeated hemorrhage. This tendency is almost exclusively transmitted to the males, sometimes, also, to all the descendants of the same family; many, if not all, of whom die sooner or later from this fatal and indomitable affection.

The immediate alarm which any hemorrhage invariably occasions, results from the often proved fact that the loss of blood alone, when it exceeds a certain quantity, involves also the loss of life. And when once a hemorrhage begins, the common people, at least, have no means of knowing how long it may continue, and whether it may not effectually resist every possible means of arresting its progress. Hence, the serious, fearful apprehension which almost all hemorrhages are certain to awaken. The only exception being that of epistaxis, which is frequently but

a trifling affection; or rather in many cases a salutary crisis. And yet there are recorded numerous instances in which even bleeding at the nose has proved very dangerous, if not actually fatal.

The accidental traumatic lesions to which the animal frame is constantly exposed, frequently become the causes of profuse and most formidable loss of blood. The hemorrhages occasioned by such wounds would result in death much oftener than they do, were it not for the ligature, the cautery, compression, and other remedies. These means, derived in great part from the well-contrived observation, sound reasoning, and large experience of modern medico-surgical sciences, often save life in circumstances of the greatest danger.

But hemorrhages do not occur from such external causes alone. The blood flows in many instances from internal unseen parts, from surfaces and tissues situated far from the reach of the eye and aid of the finger. In such cases the difficulty is often less obvious in its nature, and controlled with far less certainty. In the former class of cases, we have hemorrhage resulting from accidental opening of the bloodvessels; in the latter the flow is produced by a disordered condition of the vessels, by a morbid state of the blood itself, or by both these causes combined.

When the system has been laboring under some morbid action, we observe that the symptomatic hemorrhage which often appears in the course of the disease, or at its close, is both *critical* and *benign*. In the majority of cases such hemorrhage manifestly seems to excite a salutary influence. We hail its occurrence as an effort of nature to unburden herself in some particular part, and we anticipate a tendency to convalescence. But while our prognostications in such cases are to be given with becoming caution, we know that even those much dreaded hemorrhages in *typhoid fever*—which in the old school treatment are usually regarded as of unfavorable import, we know that even these hemorrhages may be made con-

ductive to recovery, by the aid of the *homœopathic remedies* which they remarkably indicate. By such influences we bring about a favorable crisis, from what might have led to an inevitably fatal termination.

On the other hand, we term *idiopathic hemorrhages* those which arise from excess of organic action, and from consequent lesion of tissue, as in violent congestions; such as appear in connection with the various evolutions of the physical economy in the different stages of life; such as supervene upon certain grave pathological conditions of the organism; and such, finally, as result from dyscrasia of the blood itself. These must all be viewed as essentially diseases of sinister augury; and, although they are sometimes apparently a mere secondary symptom, yet do they always demand prompt attention on the part of the physician. They often require him to invoke the aid of every practicable expedient; and even then, they sometimes leave him to despair of all probability of preventing a fatal issue.

This is especially true of persons affected with the *hemorrhagic diathesis*. In such persons, every flow of blood, whether spontaneous or originating in internal or external lesion of tissue, is far less amenable to control by medical influences or by surgical appliances. In the case of an extensive wound occurring in an individual so affected, the main arterial branches may be secured by the usual ligatures, the venous orifices may give no trouble or be readily closed by compression, and yet the flow of blood still continue to a dangerous extent from the innumerable capillaries. And that too, in spite of all hemostatic means.

In such persons every breach of surface, or even the slightest abrasion, is almost sure to occasion trouble, alarm, and sometimes the most imminent danger, from the continuous hemorrhage to which it gives rise. In such persons, all wounds are exceedingly slow and precarious, during the process of cicatrization; every dressing or other disturbance of them reproduces the hemorrhage to

an alarming extent. In such persons, reunion is never effected by the first intention, but is always tediously brought about by means of granulations. These latter are invariably pale, flabby, and sanious; secreting but little pus; often covered with a soft and very adherent clot, which is sure to exhale a fetid odor.

Besides these accidents, produced by traumatic lesions, we see, very frequently, hemorrhagic oozings from the *mucous surfaces*. These may come on spontaneously, without any appreciable cause whatever. These are cases illustrative of the hemorrhagic diathesis. In such cases, it is no unusual thing to find the hemorrhage brought on by some mental emotion, stimulating food, or by some slight exertion of the patient, such as sneezing, coughing, straining at stool, &c.

At certain times, even the slightest external pressure is followed by extravasation of blood beneath the cuticle. These form extensive ecchymoses, which, however, soon become pale, and within a fortnight gradually disappear by resolution, without desquamation or other obvious sequelæ. At other times, more or less distant from each other, large bloody tumors successively appear in different parts of the body. In some instances, these arise suddenly, and without any premonitory symptoms; in others, they are preceded for several days by suffering from dull rheumatic pains, languor, and headache. In connection with these tumors, the main articulations (in their immediate vicinity) becoming infiltrated with blood around and within the articular capsules, manifest considerable swelling, which is painful in the highest degree, and renders motion difficult, and almost impossible. Upon rubbing the surface of joints thus affected, we sometimes perceive an indistinct crepitation; and upon compelling movement, the pain and tumefaction are manifestly augmented.

Individuals who are subject to the *hemorrhagic diathesis*, often present, in their exterior physiognomy, certain characteristic and easily recognized indications of it.

The most prominent of these are an interesting expression of countenance, fair complexion, very delicate and fine skin, great flaccidity of the muscular system, and irritability of the circulation, manifested by alternate and repeated blushes in the face.

Several cases, closely resembling these peculiarities of system, coming under my observation quite recently, have induced me to select the *hemorrhagic diathesis* as the subject of the present lecture. And I trust that the subject, and variety of everything pertaining to these individuals and their families, will at the same time awaken your interest, and serve to fix in your minds what is most important in connection with the natural history and treatment of this form of disease. And in addition to what I have myself seen, I shall make free use of the observations of others.

With Dr. C. S. Martin, I visited a patient suffering from the *hemorrhagic disease*, a member of a family residing in the vicinity of Allentown, Pa. This family has been for years an object of great interest and sympathy in almost every circle in that locality, in consequence of a majority of its members dying from profuse bleeding. The patient in question was a male child, in its first dentition, suffering with a copious and obstinate hemorrhagic oozing from the lower gum.

Its strikingly interesting physiognomy, fair complexion, light, silken and somewhat curly hair; its large, blue eyes, whose cerulean tinge extended almost imperceptibly over the orb, by the color of the choroid escaping faintly through the translucent sclerotica, appeared as though nature had blended the opposite colors of the globe of the eye softly and insensibly into each other. And its remarkably fine and delicate skin, by its transparency rendering quite perceptible the tortuous course of the blue veins, indicated many points of resemblance to both the scrofulous and the scorbutic constitution.

But these marks, along with the irritability of the cir-

ulation, and the bright red lips stained with thin, florid blood, constantly oozing from the gum, were still more conclusive of the so-called hemorrhagic diathesis, or constitutional tendency to bleeding of an uncontrollable kind.

The upper and lower extremities of the child were sparsely spotted (more around the ankle, knee-joints, and wrists) with discolorations of various hues and dimensions, resembling somewhat the peculiar spots of Purpura. The more recently formed discolorations were small, rather circular in shape, and of a purplish-blue color. These ultimately became large, mingled with streaks and irregular patches, slightly elevated, and partly indurated, as if produced by a blow or bruise, thus giving them the appearance of veritable ecchymoses. The mother of the child, a member of the hemorrhagic family, informed me that these discolorations do not make their appearance until from eight to twelve weeks after birth. And that they are very apt to *disappear again entirely*, until the arrival of the successive periods or evolutions of life, such as teething and puberty. The latter physiological change becomes the especial occasion of the rapid development of the most appalling forms of this dyscrasia. Unconsciousness invariably ensues from the profuse internal hemorrhage which then takes place. Clots of blood are incessantly vomited, and discharged *per anum*, while general *anæmia*, coldness of extremities, and profound prostration, indicate the destruction of the vital forces, and the near approach of death. And even after the struggle for life is over, blood still continues to flow from the mucous surfaces.

The mother stated that she has witnessed the decease of *all her male children*, from this fatal affection, before they had survived their second year; all medical assistance proving of no avail. And in the present instance, as the infant now teething was evidently laboring under this most formidable disease, she feels obliged to despair, and to prepare her mind as best she may for the loss of her

only surviving child. A sister of this lady had lost two infants, a male and a female child, with similar symptoms while teething. Another sister has *two male* children, the one four years of age, the other nine months. These dreaded discolorations have been, and still are perceptible upon the eldest child; while upon the younger they are daily becoming more distinct. A brother of these ladies died at twenty, affected with all the symptoms of this hemorrhagic disease. Another brother, who has survived his thirtieth year, remains in tolerable health; with the exception of frequent attacks of internal rheumatic pains. He has two children; upon one of which, a male of nine months, no discolorations have as yet been observed.

The father of this whole family noticed these discolorations on his own person between his thirteenth and fourteenth years. He subsequently suffered much from arthritic pains. And finally, after laboring under hemorrhagic symptoms similar to those just described, he fell into an unconscious state, probably from intra-cranial extravasation, and after remaining in this condition the greater part of eight or ten days, died in his fortieth year. This man's brother also died of the same affection; at least he suffered from severe hemorrhage immediately before his decease. All the female members of this family (with the exception of one infant) have hitherto escaped, and have thus far exhibited no proofs of being affected with the hemorrhagic dyscrasia, which has proved so fatal to their brothers. Their menses appear at the normal periods, nor has their flow been at any time abnormally profuse.

The case of a family somewhat similar to this is cited by Dr. Wood from the *Medizinische und Chirurgische Zeitung*: "Out of a family of twelve children, four died of hemorrhage, and a sister who escaped and became the mother of six children lost three of them by the same disease. Of the three who died only one was a female; though the whole family, including both generations, was

equally divided between the two sexes." He adds, "The almost exclusive direction of this family predisposition to the males, has existed in all the instances which have been communicated to the public."

In Easton, Pa., resides a family of eight children, two girls and six boys. The history of the parents shows no traces of the *hemorrhagic diathesis*. But four of the boys have it very manifestly. One of them died from internal hemorrhage when three years of age. Another, now of the same age, bleeds easily, often has ecchymoses, and occasionally painful swelling of the joints. The remaining two, aged respectively twenty-two and thirteen years, have this hemorrhagic diathesis with peculiarities which possess considerable interest. Both have atrophy of the muscles of the lower extremities and are unable to walk without crutches. In both, the rheumatic pains and swellings show a marked preference for the large joints of the *right side* of the body, and are much aggravated by motion; which causes nausea and general malaise. The older has a well-developed chest, with the right pectoralis major muscle enormously hypertrophied. His knees are much emaciated, and the patellæ so completely dislodged or absorbed, that no traces of them can be found in either joint. Whenever he bleeds from an external abraded surface, he allows no styptic application to be made, on account of the intense pain caused by this, or by the resulting coagula. He says "the bleeding is a relief; the constant dropping affords ease," and he consequently prefers to let the wound bleed out. In this case *Ol. terebinthina* 6th arrested the hemorrhage, when I treated him twelve years ago. The younger of these has bony ankylosis of the *right* hip and knee-joints; evidently caused by an ulcerative inflammation in the synovial membranes. On the inside of his *right* knee is a large ulcer, two and a half inches in diameter, filled with exuberant granulations, and discharging a thin watery pus, but no blood.

Two remarkable cases of hereditary hemorrhagic dia-

thesis, both boys, are related by Mr. C. Heath in the *Bristol Medical Journal*, January, 1868, in which he traces the tendency to bleed through *four generations*. In the older boy, aged twelve years, the mouth presented a remarkable appearance; there being a double row of teeth in both jaws, owing to the temporary teeth not having been extracted from fear of hemorrhage. "One of the latter teeth, a lower incisor, had become accidentally displaced, and the socket had been bleeding for some days. It was extracted, and the socket was firmly plugged with lint saturated with the solution of strong perchloride of iron. No hemorrhage occurring, after several days the remaining temporary teeth were extracted, the sockets being plugged as before. When all the plugs had come away, the boy was dismissed. But some trifling bleeding occurring from the upper jaw, he was readmitted for a few days, and finally discharged quite robust and strong." This was manifestly one of the mildest grades of the diathesis.

From the genealogical table it appears that the great-grandfather of the boys was a bleeder; and he is reported to have had a bleeding father and uncles. *He had three sons all bleeders, and five daughters none of whom bled*. One of these daughters married, and had three sons and four daughters. The sons of this generation, with one exception, inherited the tendency from their grandfather; but all the daughters escaped. One of these daughters, herself perfectly *healthy*, having married F. Weedon, a *healthy* man, became the mother of the two boys already mentioned as having the hemorrhagic diathesis. A third son, who came between these two, never lived to develop this dyscrasia (if he had it, as is most probable) having died at the age of three years. Two girls who died in infancy, appear to have been free from the complaint.

But no mention is made, to my knowledge, by any author, of the entire disappearance of the ecchymoses before death, as occurred in the first family mentioned. Says Schoenlein in his lectures: "Die Kinder sehen oft blühend

aüs, wie aüch kräftig, aber von zeit zü zeit stellen sich Blutüngen ein. Anfangs nür Ecchymosen an den Extremitäten und den Gesäße. Heftig sind die Blutungen bei den geringsten verletzüngen—die Blutungen werden mit der zeit immer heftiger ünd fallen einerseits mit den Evolutionsperioden des Gesamtorganismus, anderseits mit der Jahreszeit zusammen.”

It is most remarkable that this peculiar tendency to hemorrhage confines itself chiefly to the *male sex*. And that this predisposition is thus transmitted from generation to generation through the females of the family, while they are themselves exempt, almost entirely, from such constitutional affection. Nor does it appear that this disease is of rare occurrence, or solely confined to any part of the globe. In the fifth vol. of *The American Homœopathic Review*, New York, May, 1865, may be found an interesting case reported by Dr. Frost. Schoenlein remarks, that since attention has been called to this disease by the English and American physicians who have observed it in single families and first described it, it is found not to be of rare occurrence on the Continent. But all our present information on this subject, is still too limited to enable us completely to account for this peculiarity of the system. It is no doubt to be ascribed to a morbid condition of the blood. In the case reported by me, the blood evidently possessed no power of coagulation, as it oozed from the patulous capillary orifices on the mucous surfaces of the lower gum.

It was observed, that after this blood was wholly at rest, no dense coagulum was formed, as is usual in healthy blood, but only a loose and imperfect sanguineous concretion.

In the advanced stages of the cases reported by Dr. Frost, the blood was thick, black, and uncoagulable. This inability to form a dense and firm coagulum most evidently results from an inadequate proportion of fibrin. The thin and watery appearance of this blood, in some cases, comes, no doubt, from the presence in excess of the

liquor sanguinis, or serous portion, or from want of due proportion of blood corpuscles, conjoined with deficiency of fibrin. Or, again, the fibrin being also defective in proportion, the red corpuscles present in their normal amount with the liquor sanguinis, would account for the fluidity and bright red color of the blood. There might also be a dissolution of the blood-corpuscles, or of the fibrin. But there are no proofs, for besides the peculiar disposition to bleed, the patients apparently enjoy good health.

But this preternaturally fluid or attenuated condition of the blood, with the attendant loss of coagulability, may also result from the excessive loss of the blood itself. For thus the hemorrhage seems to perpetuate itself. By this means, the blood originally poor in fibrin, would become almost entirely devoid of this most important constituent; because the natural reabsorption of water from the system (as these severe and protracted hemorrhages are always accompanied with fever and thirst), would tend to make the blood still more watery, and incapable of coagulation. Thus it appears, that the thinness of the blood is at once the primary cause of the hemorrhage, and also its consequence. But from this change in the blood there ensues an undue tendency to congestion in the capillary system, so that when the minute vessels are laid open by the slightest external injuries, there is but little power of forming clots, and almost none of producing syncope. These being the two best means by which nature seeks to arrest hemorrhages, when *they* fail the flow goes on continuously. The action of the heart, instead of suddenly ceasing for a short time, keeps on more and more faintly, and the circulation continues, only more and more feebly, so that the bleeding orifices neither contract, nor do coagula form.

This condition, both of the blood and of the heart, is manifestly favorable to the spontaneous oozing, and to the most active exhalation; and we observe, in some of these cases, no appreciable lesion, either of the veins, or of

the arteries. The blood itself flowing not *per saltem* from the arterial vessels, nor in full stream from the veins, but issuing from the minute vessels of the capillary system, by a sort of exhalation. This is a process long since asserted by Morgagni, and subsequently and completely demonstrated by Bichat. This hemorrhage, by exhalation, which predominates internally, takes place more readily and frequently from the mucous membranes. And the tendency to it becomes more strongly developed with the advancing development of the entire organism. This accounts for the increasing frequency of the returns of hemorrhage from early infancy, and also for the *entire disappearance* of the ecchymoses, as if they had taken an inward direction. This latter change coincides also with the different evolutions of life, especially dentition and puberty. For at these periods, the whole organism is more or less debilitated, from the excessive physiological effort; and there is a strong tendency of vital effort towards the mucous membranes. At such times, therefore, appear these internal hemorrhages, sanguineous exhalations from the capillaries of mucous membranes, which, unless arrested by specific and constitutional treatment combined, must inevitably prove fatal, and which too often thus terminate fatally, in spite of all possible treatment. At such times, there is evidently a combined debility, irritability, and passive congestion of the capillary system, intimately associated with and dependent upon a morbid condition of the blood itself.

The structure of the capillaries and minute arterial twigs is also manifestly in fault. And much of this tendency to hemorrhage may be immediately ascribed to the extreme irritability and delicacy of their parietes. Some extravasation of the blood beneath the cuticle is seen to result from the slightest external pressure, and thus are formed, sometimes even spontaneously, the numerous ecchymoses which characterize the *hemorrhagic diathesis*. The walls of the vessels also frequently give

way from the most trifling involuntary effort ; thus sneezing may bring on epistaxis, and coughing induce hæmoptysis.

(To be concluded.)

ON SOME REMEDIES FOR PERTUSSIS.

BY MAHLON PRESTON, M.D.

(Read before the Homœopathic Medical Society of Chester and Delaware Counties, Pa.)

IN *pertussis* I have succeeded in effecting satisfactory results with the following remedies :

AMBRA GRISEA.—Severe paroxysms of hollow-sounding cough, worse morning and evening and during the night ; oppression and rapidity of respiration, and expectoration of large quantities of tough grayish or yellow mucus, especially after waking in the morning. In one very bad case, where the lungs were very considerably hepatized, with great loss of flesh, I attribute the cure entirely to this remedy ; it occurring not rapidly but steadily under repeated doses.

ANACARDIUM.—When fits of vexation cause paroxysms of cough, and when children are very ill-natured ; dyspnœa accompanies and succeeds the coughing spells. In cases of children with uncontrollable tempers this remedy generally does good.

ARSENIC.—Paroxysms of suffocative dry cough ; urine scanty or suppressed ; thirst, with little desire to drink, and where a sup of water will prevent a coughing spell from becoming violent.

BELLADONNA.—Frequent paroxysms of cough, worse in the night, hard and barking like croup ; red face ; swollen eyes, starting out from sockets, from the concussion of coughing ; injected sclerotica ; sparks before the eyes, and sensitiveness to light ; the child cries. Most suitable in the

beginning of the disease, or when it has attained a high degree of severity.

BRYONIA.—Spasmodic cough, with expectoration of brownish phlegm; stitches all through the chest; nausea, water-brash, thirst, &c.

CINA.—In some of the worst cases; cough aggravated by walking, running, talking, laughing, or getting out of breath in any way; paleness of face and blueness around mouth and eyes; excessive peevishness; fretting brings on the cough; much perspiration during exercise, and cough; redness of face during sleep; jerking, twitching of the muscles, and spasms, after which children lay comatose with continued twitching.

CARBO VEG.—Much bloody expectoration; bleeding at the nose, and vomiting of blood; child pale, weak, and exhausted; small rapid pulse and cold sweat.

CORAL. RUBRA.—In cases generally at the outset; the bronchial mucous membrane seems very sensitive; any change of atmosphere sets the patient to coughing; the cough is dry and violent.

CUPRUM.—Very violent and long-continued paroxysms of cough, completely exhausting the patient; gets black in the face; vomits very much with many of the spells; much dyspnoea and rattling after the cough.

CONIUM MAC.—Excessively hard, dry, spasmodic cough, in the night.

COCCUS CACTI.—For a hard spasmodic cough, which results in the child gagging up pieces of tough, leathery mucus almost sufficient to strangle it.

DROSERA.—Spasmodic coughs, worse after midnight; expectoration of thick yellow clots of mucus at every cough.

HEPAR SULPH.—Dry, spasmodic croupy cough, with soreness in the larynx.

IPECACUANHA.—For frequently recurring short parox-

ysms of dry cough, which make the patient gag much, but throw off little; small children get vexed and curl themselves backward; opisthotonos.

IODINE.—In cases where great tickling and itching exist in the bronchiæ, exciting spasmodic dry cough, which ends with the raising of quantities of thick yellow mucus; patients are weak, sallow, short of breath, emaciated, and have enormous appetites.

LACHESIS cured two cases for me where an inflamed condition of the lungs existed and the coughing spells came on very violently after every sleep.

NICCOLUM MET. effected a very happy cure where the disease, from its long continuance and severity, had produced a degree of emphysema; the cough was a dry hack, like the tick of a clock in its regularity, and continued often in paroxysms of three hours' duration. It came regularly at 8 or 9 P.M., and from 3 to 4 A.M. Child had to be held straight up during the continuance of the cough; otherwise it went into a spasm, of which it had several from this neglect. The greatest possible degree of dyspnœa existed, and there was never anything thrown up or expectorated; between the paroxysms comparative comfort seemed to be enjoyed excepting the dyspnœa; the child would laugh and play. I tried a good many remedies, as you may suppose, for I finally thought recovery very doubtful. About the last remedy in the *Materia Medica* that I thought worth trying, was *niccolum*, which, by a fortunate hit, seemed to be the right one. I never knew any one to have used it for coughs, and could find no experience of it anywhere. It is sufficient, however, to know that the child recovered from an exceedingly severe spasm after its administration, and never had another; the cough also soon vanished, I think in three or four days, with the dyspnœa and all symptoms of emphysema, &c. I gave *niccol.* 2°, the only potency I possessed—a dose every four hours after watching the abate-

ment of the spasm. The only symptoms I could select by were: hard dry cough, dyspnœa and desire to hold the head and sit up during cough. About the holding of the head I could not tell, of course, the patient being only a little child.

PHOSPHORUS where there is hoarseness, loss of voice, and the trachea seems overloaded with phlegm.

TARTAR EMET.—Much dyspnœa; rattling respiration; hard gagging cough, with loss of breath, and little or no expectoration.

KALI CARB, when the eyes are puffed out between brow and lid.

The remedies I generally use in the high potencies—not from prejudice but from a desire to be as strictly homœopathic as possible. It seems more satisfactory to make a cure with a high potency than with a low, as it shows the solidity of the platform on which we stand.

TABACUM: PATHOGENETIC AND CLINICAL.

BY J. H. P. FROST, M.D.

THE following partial record of one of the most patient and protracted provings of which we have any account, will be found interesting and instructive. It relates the *experience* of an esteemed friend and brother physician, and although not intended for publication, seems too remarkable to be lost. The “jerking of the tendo Achillis and other muscles,” and “frequent intermission of the pulse and of the heart’s action,” while by no means new symptoms, are not to be found in many of our works on *Materia Medica*. Indeed, for its action in thus arresting temporarily the action of the heart, tobacco equals if it does not rival digitalis, which it otherwise much resembles.

Proving of Tabacum, continued faithfully over thirty years.

Aching pains in cardiac region, generally worse at night, with frequent intermission of the pulse and of the heart's action.

Inability to lie on the left side, it caused so much pain and palpitation. Great dyspnœa, palpitation, and distress in cardiac region, on going up-stairs or ascending any eminence.

Frequent attacks of vertigo, which caused staggering and falling, while everything seemed to turn round.

Vanishing of sight. Numbness of orbicularis oris. (This last symptom frequently occurred immediately after taking a chew of tobacco.)

Jerking of tendo Achillis, and of other muscles, mostly at night, with restlessness and sleeplessness.

Frightful dreams. Dreams generally of snakes, apprehension of death, &c.

I always had a strong appetite for tobacco, so that nothing but absolute necessity could ever have induced me to undertake to break up the habit. But for a year past I found these symptoms gradually increasing in violence and frequency.

I use gentian as an antidote or substitute. Its bitterness temporarily destroys the everlasting craving for tobacco. The first night after reforming I jerked so that I could not sleep—jerked all over, and something seemed to draw my left shoulder down irresistibly. A dose of ignatia immediately relieved me of these symptoms, and I slept well the remainder of the night. One slight jerking since is all. Now I can lie very well on either side. Can go up stairs or over a bridge quite comfortably. Better as to pulse and cardiac pain. No more vertigo. Can hardly observe any numbness of orbicularis oris. Sleep well. No bad dreams. Appetite good. Strength improving. Temper better than usual.

When we consider the immense number of voluntary provers of tobacco, even in the medical profession itself,

and remember how powerfully and how variously this poison affects "all and sundry" those who consume it, we see at once how incomplete is its recorded pathogenesis, and how valuable a medicine it would become when thoroughly studied and correctly applied. Doubtless it acts, "especially on the cerebro-spinal centres," but that its primary and most prominent action is upon them, or upon "the medulla oblongata and pneumogastric nerve," is far from being obvious. Indeed, who that reflects upon the profound depression of the organic vital forces, the deathly nausea at the stomach, and prostration of the heart's energy, can fail to believe that the primary and most powerful influence of tobacco is exerted upon the cœliac and other ganglia which surrounds the heart and stomach and sustain their functional action. The further extension of this same influence is seen in the *icy coldness* of the extremities, particularly the feet, arising from paralysis of those parts of the organic nervous system whose office it is to maintain the capillary circulation. Similar also is the influence of this drug upon the organs of vision. The *amaurosis* and the *muscæ volitantes*, which are so often observed in those who use tobacco excessively, equally indicate a profound depressing influence upon the ophthalmic ganglia. And it must be remembered that all these severer forms of disease, from the use of tobacco, occur in persons of *psoric constitution*; and also that the *excessive craving* for this narcotic is seen in such constitutions, and that this fault may result from the combined influence of psora and tobacco in the progenitor. To this arsenic, carbo veget., hydrocyanic acid, and lachesis and other snake poisons which have been spoken of hitherto as drugs capable of restoring the vital energies when almost (or apparently quite) extinct, must now be added tabacum. Even the collapsed stage in Asiatic cholera, which camphor may have been unable to prevent, and from which it has failed to restore the patient, may be reached and remedied by tobacco.

A new and complete *Materia Medica*, it is expected, will be issued before many years, and if those physicians who, in themselves or in their practice, have an opportunity to observe the pathogenetic effects of tobacco, would write them down and communicate them to our medical journals, abundant material might easily be accumulated for a full account of what must become an invaluable and frequently indicated medicine. The following brief case will show how useful this remedy may be:

Mrs. H., a young mother—black eyes and heavy black hair—nursing a babe of three weeks, complained of *spells of debility, with cold perspiration, especially on the feet and lower limbs*. Worse from the least exposure to the air. “*Goose skin*,” weakness and numbness in general. Pain in the head over her eyes. Dimness of vision by spells. No appetite. She had rather a hard labor, and had not been well since. Still there was no apparent cause for symptoms so severe. Under the influence of two or three doses of *tabacum* 2°, she was promptly and entirely cured.

POLYCHRESTIANA.

BY DR. DULCAMARA.

Arsenicum Album.

To dread *Arsenicum* we fearless glide,
Grim handmaid of the desperate suicide;
What tho' it constitutes a pliant tool,
To serve the uses of some reckless fool;
What tho' its toxical possessions gave
The murderous means to many an arrant knave;
The guarded bee that stings us at abuse
Distils delicious honey for our use.
E'en thus the remedy that, in excess,
Would pierce life to the quick, or cause distress,
With gentle handling, in attenuate garb,
Will yield the virtue, and retain the barb.
Things must amalgamate and be combined
In proper quantity, degree, and kind—
So much of poison, and so much disease,
Precipitate a state of neutral ease.

Who knows a test for miasmatic air?
 Its chemical re agencies, and where?
 And how may variola be devised?
 Or choleraic venom analyzed?
 Who may the features, form, and bulk denote,
 Of all contagious elements afloat?
 What, in the balance, weighs that single breath
 Which, when inhaled, may cause disease and death?
 What color hath it, and what curious shape?
 That men might learn its terrors to escape.
 If then such subtle causes make us sick,
 Why may not subtle remedies as quick
 Restore the functions to their normal state,
 When bane and antidote amalgamate?
 Where proper medicine, in proper dose,
 Confronts a pain, "*Die milde Macht ist gross.*"
 But to return: Arsenious acid is
 An active, irritating poison; this,
 By its specific powers to inflame
 Component tissues of the human frame,
 Admits the demonstration of that law,
 Which the wise Hahnemann distinctly saw;
 For all the symptoms which the drug reveals
 Are clearly similar to those it heals.
 Few medicines there are so well defined
 In yielding satisfaction to the mind;
 And fewer still whose fame in practice stands
 So worthy of the theory it commands.
 As Aconite to simple fever, so
 Is kind Arsenicum to fevers low,
 Malignant, typhoid, intermittent, all
 • That from contagious influence befall.
 In stubborn agues that resist quinine,
 Of days alternate, and a type malign—
 A type that every other treatment spurns,
 By still persisting in remote returns;
 Or tertian, quartan, or quotidian,
 All make Arsenicum expedient.
 In all Neuralgia's multifarious forms,
 Whose tearing pains predict approaching storms;
 Or in that genuine, idiopathic kind,
 Whose burning agony distracts the mind—
 Puts every nerve it seizes on the rack,
 As if a red-hot iron scorched its track;

In odontalgia, with a tooth necrosed,
When writhes the palpitating nerve exposed;
When pains beyond endurance fitful fly
Through facial nerves and nerves trigemini;
Especially if the pain each part discerns
Is prone to periodical returns.
The action of *Arsenicum* upon
Cerebro-spinal centres is well shown
When it exerts a lasting benefice
In epilepsy and paralysis;
Subdues the gloom of melancholic trance,
And soothes the spasms of St. Vitus' Dance;
When the weak limbs refuse the will to obey,
Or paraplegia takes their power away.
In all those morbid states least understood,
Except as lurking humors in the blood;
The sequence of congenital defect;
Deranged nutrition, diet incorrect;
Impoverishing habits, and, in chief,
Excessive use of the Nicotian leaf;
Or other waywardness of life, we own,
To which, alas! the human flesh is prone;
When thus the system becomes disarranged
With some impure diathesis estranged;
When anthrax, ulcers, or malign phlebitis,
Or gangrenous and chronic cellulitis,
With anasarca, to bring up the rear:
Or when effusions dropsical appear
In serous cavities of either part,
Resulting from some lesion of the heart,
Or liver, spleen, and pancreas; among these,
That of the kidneys, known as Bright's Disease;
In such conditions Arsenic may be
Of signal service, to a marked degree.
In exanthematous affections too—
Suffice it here to designate a few,
As erysipelas, chiefly of the face,
When threatening gangrene aggravates the case;
And in malignant scarlatina, where
Impending collapse fills our hearts with care:
In rubeola nigra, and that plight
Of pustular eruption, small-pox hight;
Persistent herpes, hard to move and slow;
Pityriasis, scales, and porrigo;

And with unsightly impetigo too,
Arsenicum finds useful work to do.
E'en cancer yields some homage to its might,
And takes a kindlier form, or flees outright.
When this disease once grapples in its claws—
When, sharper than a serpent's tooth, it gnaws
At face, or stomach, uterus, or breast,
Our hopes upon this remedy chiefly rest.
In induration of the viscera grand,
As liver, stomach, spleen, or either gland;
In peritonitis, enteritis too,
And omenitis, it will ofttimes do;
Likewise in suppuration, when at best
The vis-a-tergo is too much depressed.
Most efficacious is the remedy
In gastric fevers of a low degree,
Where ceaseless vomiting, and great distress,
With burning pains, the invalid possess.
When in excess Arsenicum is used,
The chief condition thereupon produced
Is gastro-enteritis most severe,
That fills the mind with agonizing fear;
Yet, in appropriate quota this is sure
The first condition it will kindly cure.
And hence in cholera, that malignant scourge,
Which seizes on its victims, to submerge
Their lives by hundreds in one common fate,
And leave the land it visits desolate,—
Even here our remedy great merit shows,
And helps the ruthless tyrant to oppose;
Yea, 'tis the true sheet-anchor of our creed—
The best of friends in the most fearful need;
It exercises a benign control
When cold and clammy perspirations roll,
When cramps and vomiting each other chase,
And pain distorts the Hippocratic face;
When all intestinal control is lost,
The sphincter palsied, and the patient tossed
With agony, and writhing in his bed,
Or lies a helpless, passive thing instead.
Last, but not least, our remedy to crown,
It hath achieved with Struma great renown;
That noxious taint, which evil doth betide
To kings, and all the human race beside.

In the wide range of sickness thus entailed
Its reconstructive powers may well be hailed ;
And chiefly then, when in the early stages,
Even phthisis pulmonalis it assuages.
When thrills the "graveyard cough," that worst of
types,
Its fearful rhonchus through the bronchial pipes ;
Or hacking resonants that ne'er abate,
And in tubercular sputa terminate :
When chills alternate with the glowing heat
Of hectic fever, and the nightly sweat
Drains from the body drop by drop its vigor,
And leaves at length a gaunt and wasted figure ;
When sickly lustre lights the patient's eyes,
And fretful humors in his mind arise ;
Still may he hope—and hope he doth indeed,
To find some respite in this hour of need.
O Arsenic ! a potent power to harm ;
And yet thou bearest within thee such a charm,
Our poor, weak, human nature to restore,
That we will ever bless thee and adore !

THE PROGRESS OF HOMŒOPATHY IN FRANCE.

THE following encouraging news is taken from *L'Univers* (Paris), April 1st, 1870.

ESTABLISHMENT OF A HOMŒOPATHIC HOSPITAL.—Homœopathy claims the right of assisting and helping the poor. She has established one hospital, and some say she has established many hospitals.

Within the districts of medical schools in Paris, a hospital will soon be open, where the new *doctrine* will be taught by giving clinical instructions.

This institution, called for and voted for by the International Homœopathic Congress, held in Paris in 1867, is due to the efforts of the Homœopathic Society in France, which has been in existence for thirty-five years, and consists of almost all the disciples of Hahnemann. The hospital, situated among all the medical schools, wishes to demonstrate to the students its superiority, and gather from

among them further adherents. The hospital of which we speak will not be controlled by one man, or by a group of men, as long as all the subscribing physicians will be called upon to regulate its organization, and decide on the questions relating to the practice. This institution appears to be in earnest, and promises to be useful and worthy of the assistance and the sympathies of all independent and generous spirits.—*Translated by A. Lippe, M.D.*

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THE next annual session of this body will be held in Chicago, commencing Tuesday, June 7th, 1870, and continuing four days. The usual preliminary meeting will take place on the evening of June 6th.

It is confidently expected that this will be the largest and most profitable meeting of the Institute ever held, and all members of the profession are cordially invited to be present.

Blank applications for membership, and any desired information respecting the Society can be had by addressing the General Secretary, R. Ludlam, M.D., 297 Wabash Avenue, Chicago, Ill.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

“BUREAU OF ANATOMY, PHYSIOLOGY, AND HYGIENE.”

THE undersigned, in behalf of the “Special subdivision of Physiology,” invites the co-operation of all who take an interest in physiological studies; not only those connected with the Bureau, but other members of the profession, in order that, by their united efforts, a suitable report may be presented at the ensuing meeting of the Institute.

Accounts of new experiments, observations, and discoveries, critical notices of new publications, and any other discussions of subjects belonging to physiological science, transmitted to the subscriber before the middle of May,

will be immediately acknowledged, and, with proper credit, incorporated in the report of the Bureau.

The utmost efforts of a single individual, although much better qualified than the writer, and however much better situated for preparing such a report, would but inadequately represent the advancing knowledge of the entire profession; and would manifestly fail to supply the deficiencies, resulting from continued neglect to report on this collateral science, by those to whom the members of the Society naturally look to see maintained in this direction the high standard which the American Institute sustains in other respects.

J. H. P. FROST, M.D.

PHILADELPHIA, March 6th, 1870.

At a meeting of the students of the Hahnemann Medical College, the following resolutions were unanimously adopted:

Whereas, In the course of human events, it has pleased Almighty God to remove one of our number, Mr. John Lang, a fellow-student of medicine; therefore be it

Resolved, That we, the students of the Hahnemann Medical College of Philadelphia, do hereby express our deep regret at his early death, and our sorrow, that the career of one who seemed destined to be a benefit to society and the science of medicine, has, by this act of Divine Providence, been drawn to so sudden a close.

Resolved, That we extend to his bereaved parents and friends our heartfelt sympathy, and mingle our sorrow with theirs.

Resolved, That a copy of the above resolutions be forwarded to the friends of the deceased, also to the *Hahnemannian Monthly*, and *American Journal of Materia Medica*, for publication.

E. F. HOYT,

J. P. BIRCH,

G. H. HACKETT,

Committee.

EDITORIAL NOTES.

OUR COLLEGES (Continued.)

ST. LOUIS COLLEGE OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.—The commencement of this newly established, but thoroughly organized and energetic institution, was held on the evening of February 24th, 1870, in the Polytechnic Hall.

The exercises were opened by the Bishop of Missouri, with an appropriate and earnest prayer.

Capt. Silas Bent, President of the Board of Trustees, then made a few remarks detailing the history of the new college, its advantages, the number of students (23), and the flourishing financial condition of the institution. After appropriate music, the degree of the College was then conferred upon seven gentlemen, by the President, after which the charge was delivered by R. S. Voorhis, B.L. The remarks of Prof. Voorhis were of the most instructive character, and were earnestly delivered.

After the charge, the degree of the Good Samaritan Hospital was conferred by Prof. Hartmann upon those who had been diligent in their attendance upon the clinical instruction there given. This was followed by decorating with medals those who had been proficient in the separate branches of medical education for which the prizes were offered.

For excellence in Obstetrics, Dr. T. G. Comstock conferred his medal (silver, beautifully engraved) upon Dr. Samuel Bishop.

The Pattison medal, of gold, surrounded by silver, was awarded to Dr. Chester G. Higbee, of Red Wing, Minnesota, for proficiency in Surgery, and was given with appropriate remarks by Professor Pattison.

Ambrose S. Everett received the prize, a complete and valuable case of instruments, offered by Dr. Helmuth, for the best dissection made during the term; and Ferdinand C. Valentine was the recipient of the prize for *Materia Medica*, a handsome case of medicine, offered by Mr. H. C. G. Luyties.

After the prizes had been delivered, and the students had resumed their seats in the hall, Dr. Helmuth pronounced the valedictory in his usual happy style. After having briefly expressed satisfaction at the success of this new homœopathic school, the Doctor said:

“In the old University of Edinburgh, on the walls of the class-room of logic and metaphysics, Sir William Hamilton has left inscribed these words: ‘On earth there is nothing great but man: in man there is nothing great but mind.’ Now a special knowledge of the relations of both body and mind are essential to the physician. The more we cultivate, in a proper manner, that beautiful garden, that field of thought, the more will we rise to an elevated position among men; the more will we be able to control the diseases of the body; the more will we be able to possess that mental ascendancy over our fellows, which will bind them

to our will, and mould them to our mind, and enable us to act to them as physicians in the widest acceptance of the term. We pass thus into a higher field of research and inquiry, we begin to observe the correlation between the laws of life and the phenomena of mind, and as we grasp these relationships our mental vision becomes more and more clear, we move afar off from that contracted reasoning which only tends to bigotry and charlatanism, and can accept that scientific liberality of mind which raises man so near that Supreme Being in whose image he is created.

"But, gentlemen, let us beware that as we enter deeply and earnestly upon the extension of Homœopathy, that we fall not into the very same error which we lament in the old school. Let us be extremely careful that while we have our minds bent upon the study of the facts and philosophy that belong to our particular school; while we admire the workings of its law and witness its practical demonstrations; while we see suffering relieved and extension in medicine developed and tested—let us be very watchful, I say, that we do not become narrow-minded, nay, even bigoted, ourselves. It is this very concentration of thought in one particular direction for a continued time that tends so much to contraction of mind. It causes us, after a time, to see objects with a distorted vision, and we are prone to look upon these objects not as they really are, but as *we* chance to view them."

We have received a slip from Professor Comstock, containing sixty-three printed questions in obstetrics, which, if answered correctly by a student, would evidence on his part an excellent knowledge of that art. Candidates, we are told, were all required to diagnose, upon the manikin, certain presentations, to give the indications for treatment, and to apply the forceps.

HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.—The ninth annual commencement of this College took place at Polytechnic Hall, St. Louis, on the evening of March 2d, in the presence of a large and highly respectable audience, Professor G. S. Walker officiating as master of ceremonies.

Professor J. T. Temple, Dean of the College, delivered the opening address. He spoke of the flattering present and future of the institution in glowing terms.

W. B. Baker, Esq., President of the Board of Trustees, then addressed the graduating class, eleven in number. He spoke earnestly of the duties of the profession they were about to enter, and charged them in regard of its usefulness, its dangers, and its responsibilities; after which the degree was conferred.

Professor Franklin, with an appropriate and brief address, then presented the "Parsons Medal" (for proficiency in Anatomy) to Dr. T. H. Vestry, of Wisconsin. The "Temple Medal," for proficiency in *Materia Medica*, was presented by Geo. M. Stewart, Esq., to Dr. P. Ewald,

of St. Louis, and the same gentleman presented the "Franklin Medal" to Dr. G. W. Higbee, of Indiana, for proficiency in Surgery.

The Valedictory Address was then delivered by Professor S. B. Parsons.

HAHNEMANN MEDICAL COLLEGE OF CHICAGO.—The commencement exercises were held in Library Hall, on February 24th. After prayer had been offered, the inaugural address was delivered by Professor Alvan E. Small, President of the College, in which was earnestly advocated the importance of clinical instruction, and the necessity for a hospital in order that clinical instruction may be imparted.

Professor R. Ludlam, Dean, followed with a brief report of the institution, exhibiting the College to be in a highly prosperous condition.

The degree of the College was then conferred on *nineteen* graduates, by the President, after which the Valedictorian, Prof. J. S. Mitchell, delivered an able and eloquent address, to which a response was made on behalf of the graduates by Dr. L. A. Bishop.

At a late hour the members of the Faculty, the graduating class, and invited guests sat down to a bountiful repast. Speeches and good feeling generally prevailed, and a most enjoyable season was spent.

NEW YORK HOMŒOPATHIC COLLEGE.—The tenth annual commencement was held at the hall of the Young Men's Christian Association, on Saturday evening, March 5th.

S. H. Wales, Esq., Vice-President of the College, conferred the degree on thirty-nine graduates, and the special degree on E. N. Lodge, M.D., of Detroit, Walter Pardee, M.D., of New York, and N. B. Conger, of Richland, N. Y.

The Valedictory Address was delivered by Professor J. A. Carmichael, and was, by all accounts, more forcible than elegant in language.

The exercises were interspersed with choice musical selections, which added greatly to the interest of the occasion.

Summary. Number of Regular Graduates.

Hahnemann College, Philadelphia,	49
Cleveland Homœopathic College,	35
St. Louis College of Homœopathic Physicians and Surgeons,	7
Homœopathic Medical College of Missouri,	11
Hahnemann College, Chicago,	19
New York Homœopathic College,	39
Total,	160

THE SURGICAL CLINIC AT THE PHILADELPHIA HOMŒOPATHIC COLLEGE.—The surgical clinic at Hahnemann College, under the able management of Prof. Malcolm Macfarlan, is rapidly assuming such proportions as give promise of great things for the future. During the past session the number of operations, as detailed below, give an average of two for each *surgical clinic* held during the collegiate term. Annexed is a list of the operations performed by Professor Macfarlan, and, we may

remark, the success attending them was fully equal, if not superior, to that attained elsewhere.

Resection of ramus and part of body of inf. maxillary, 1; amputation of thigh (middle third), 1; amputation of fore-arm (flap operation), 1; amputation of arm, at shoulder, 1; amputation of fingers, 2; operation for radical cure of inguinal hernia, 1; operation for relief of inguinal hernia, 1; operation for relief of femoral hernia, 1; removal of fatty tumor from side (weighing three pounds), 1; operation for stricture of urethra by internal division, 1; phimosis, 2; fistula in perineo, 1; fistula in ano, 1; hypospadias, 1; operation for stricture of rectum, 1; fracture of clavicle, 1; of humerus, 1; of radius, 1; of condyles of femur, 1; of tibia, 1; removal of necrosed bone from tibia, 1; dislocation of shoulder, 1; of wrist, 1; tenotomy, 1; ganglion, 1; paronychia, 1; removal of cancerous breast, 1; of tumors of scalp, 3; of foreign bodies from eye, 2; tumors of eyelid, 2; operation for ptosis, 2; blepharoplasty, 1; entropion, 1; ectropion, 2; operations for obstructions of lachrymal passages, 5; pterygium, 2; staphyloma, 2; strabismus, 6; extirpation of eyeball, 1; removal of tumors in orbit, 1; Von Graefe's operation for hard cataract, 5; secondary needle operation on capsule, 1; formation of artificial pupil, 3; removal of septum of nose for tumor, 1; simple hare-lip operation, 1; complicated hare-lip operation, 1; division of frænum linguæ, 1; excision of uvula, 1; operation for cleft palate, 1; otoplasty, 1; extirpation of large fibrous tumor of neck, 1. Total, 77.

Beside the above, there was a great variety of surgical cases treated medicinally and otherwise.

GRAUVOGL'S LEHRBUCH.—For some time, appeals have been made to the profession to secure against loss the translator of this work, in his offer to lay it before the English reading members of our school. Appeals appear to have been made almost in vain, as the number of subscriptions received were far short of the number required, and yet the profession, notoriously apathetic in general to measures for the good of the whole body, was excusable for not subscribing, on the ground that it did not and could not know whether "the book would be worth the money." This excuse, however, can now no longer be made. The Table of Contents has been printed and circulated, and whoever reads it and does not long to be possessed of the treasures the book contains, has not that proper interest in his profession that such a science and art as homœopathy should engender. To our readers we can only say, send your subscriptions to Dr. G. E. Shipman, 292 W. Randolph St., Chicago, and we now assure you that you will not regret the act.

CINCINNATI HOMŒOPATHIC DISPENSARY.—This institution, under the direction of Dr. J. A. Cloud, physician and surgeon in charge, is quietly working its way, and surprisingly soon, perhaps, we shall be called upon to announce its conversion into a Homœopathic General Hospital. The following is Dr. Cloud's report for the month of March, 1870:

Number of cases treated during the month,	. . .	250
“ discharged cured,	. . .	105
“ sent to hospital,	. . .	6
“ died,	. . .	1
“ visits paid,	. . .	127
“ prescriptions made,	. . .	389

PERSONAL.—GARDINER.—Richard Gardiner, M.D., one of the oldest practitioners of Philadelphia, and formerly President of the County Homœopathic Medical Society, has removed to 121 Park St., Baltimore. The kind remembrances and best wishes of a large circle of professional and lay friends attended the Doctor to his new home, and remain with him.

HEERMAN.—Charles Heerman, M.D., of Baltimore, goes to Paris, France, to practice and to assist in establishing the new hospital in that city. On the evening of Tuesday, April 12th, a number of his professional and other friends assembled at the house of Prof. Hering, by invitation, to bid farewell and God-speed to Dr. Heerman, which was the occasion of a most delightful reunion. On that occasion, the honorary diploma of the Hahnemann College, recently conferred on Dr. Heerman, was presented by Prof. Gause, and appropriately received by Dr. H.

TINDALE.—Van R. Tindale, M.D., a physician in large practice in this city, has recently removed to Woodstown, N. J., which is a very good thing for the people of Woodstown.

WORCESTER.—Samuel Worcester, M.D., late assistant physician to the Butler Hospital for the Insane, has located at Concord, Massachusetts.

NEW JERSEY STATE HOMŒOPATHIC MEDICAL SOCIETY.

THE Annual Meeting of this progressive body of physicians was held in Library Hall, Newark, on Tuesday, April 12th, 1870.

The session was opened with prayer, after which, J. J. Youlin, M.D., President of the Society, addressed the members in an eloquent and impressive manner. Dr. Youlin compared the earlier days of homœopathy, when its followers were laughed at, and even persecuted, with the present condition of the system, honored and trusted by the people, and demanding even from the most prejudiced of its antagonists a fair and candid examination.

At the conclusion of the address, the roll was called, when it was found that about forty members were present. A nominating committee was appointed, after which the Society took a recess, and adjourned to partake of a grand dinner, provided in honor of the occasion, at which, after all had amply cared for the inner man, a number of toasts were proposed and appropriately responded to.

The Society reassembled after dinner, and considerable business having

been transacted, the main object of the session, viz., *the disbanding of the old, and the organization of a new Society, under the provisions of an Act of Assembly*, was attended to. The charter is very liberal, and is the *only* title to recognition in the eyes of the law, which homœopathic practitioners have in New Jersey. By it they are placed on an equality, in all respects, with practitioners of other schools of medicine. The new organization having been effected, the following officers were elected: *President*, J. J. Youlin, M.D., of Jersey City; *First Vice-President*, F. B. Mandeville, M.D., of Newark; *Second Vice-President*, Frank Nichols, M.D., of Hoboken; *Third Vice-President*, Ross M. Wilkinson, M.D., of Trenton; *Recording Secretary*, L. Dennis, M.D., of Newark; *Corresponding Secretary*, Frank A. Rockwith, M.D., of Newark; *Treasurer*, E. Cook Webb, M.D., of Orange; *Censors*, Drs. E. Nott, of Paterson, G. W. Bailey, of Elizabeth; F. B. Mandeville, of Newark; H. F. Hunt, of Camden; and E. R. Fuller, of Vineland.

The case of Dr. T. Y. Kinney, of Paterson, against whom allegations of malpractice had been made by the Paterson press, was then taken up, and the report of an investigating committee, declaring the charges false, unanimously adopted. The committee was appointed three months ago, and consisted of the President and Secretary of the State Society, and the President and Secretary of the Eastern District Society, and their report was made, after a patient and searching investigation of the case. A series of resolutions, relating to the case, were offered and adopted, and the Secretary was authorized to transmit them to the Paterson papers for publication. Reports were then received from various bureaus, new bureaus appointed by the chairman, a new constitution and by-laws adopted, considerable miscellaneous business transacted, and, after deciding that the September meeting should take place at Vineland, the Society adjourned.

HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER AND DELAWARE COUNTIES, PA.

THE regular Stated Meeting of this Society was held at Dr. Mercer's office, Chester, on Tuesday, April 12th, 1870, Coates Preston, M.D., presiding in the absence of the President and Vice-President, and J. B. Wood, M.D., acting as Secretary, *pro tem*. The following members were present: Drs. Coates and Mahlon Preston, Griggs, Johnson, Mercer, and J. B. Wood. Drs. R. J. McClatchey and Trimble Pratt were present by invitation.

After the minutes of the preceding meeting had been read and approved,

Dr. MAHLON PRESTON read a paper exhibiting the indications for the use of remedies in whooping cough, according to his experience during the past winter (see p. 405).

Dr. GRIGGS read an interesting account of a case of *enteralgia*, in which he had given Verat. alb. 2^c, and Camph. 2^c, when apparently indicated, without effect, and had promptly cured the case when Belladonna 2^c had been exhibited.

Dr. JOHNSON reported a case in which he had used the 3d and 30th of Belladonna without success, and had subsequently cured the case with two doses of Bell. 2^c. Dr. J. also reported a case of metritis in which the same remedy had been very effective.

Dr. COATES PRESTON reported the case of a child having tonic spasm and rigidity of the limbs, it having been severely scalded on top of the head, and subjected to strong doses of *strychnia* by the former attending physician (Allopathic). He had at first given a few doses of Sulphur 2^c, followed by Merc. viv. 2^c, and subsequently Rhus tox. 2^c, which the child was now taking, being in a greatly improved condition.

Dr. McCLATCHEY very highly commended the use of repeated doses of *Brucea antidysenterica* in weak ankles of children, as recommended by Dr. Geo. H. Bute, of Nazareth, Pa.

Dr. GRIGGS reported a case of a lady, confined with her tenth child, who had suffered from a sore bruised feeling and after-pains, all of which were promptly removed by Arnica 2^c.

The following resolutions were submitted and adopted:

Resolved, That this Society deems it unprofessional to attend gratis the families of persons practicing homœopathy without a diploma.

Resolved, That hereafter the members of this Society will not attend clergymen or their families without compensation.

Dr. J. B. WOOD was appointed to prepare a memorial of the late Dr. Geo. C. Williams, deceased.

TRIMBLE PRATT, M.D., was proposed for membership and duly elected.

Dr. C. PRESTON inquired whether the members had any experience in the use of *Phytolacca decand.* in diphtheria. It had been very highly recommended to him, but he had tried it in vain. He had, however, found it very useful in some cases of quinsy.

Dr. McCLATCHEY stated that it had also failed in his hands as a remedy in diphtheria. In quinsy, however, and in common sore throat it had been very efficient. He had used it in cases where the fauces and tonsils presented a dark or dusky hue, and were somewhat swollen.

Ailanthus glandulosa was spoken of as likely to prove useful in some cases of scarlatina.

Drs. C. and M. Preston, Johnson, J. B. Wood, and R. P. Mercer, were appointed delegates to the State Society, and the same gentlemen were constituted delegates to the American Institute.

The Society then adjourned to meet with Dr. Scott, at Coatesville, in July next.

J. B. WOOD,

Secretary *pro tem.*

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. McCLATCHEY, M.D., SECRETARY.

THE Annual Meeting of the Society was held at the College Building, on Thursday, April 14th, at 8 o'clock; Dr. Pemberton Dudley occupying the chair. H. Knox Stuart, M.D., G. Howell Cox, M.D. and Edward M. Smith, M.D., were proposed for membership, and elected under a suspension of the rules. An amendment to the Constitution, providing for the election of a *Committee on Prevailing Diseases*, was adopted. Bushrod W. James, M.D., Scribe, then made his usual monthly report, as follows:—

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

SYPHONIC NASAL DOUCHE.—The Thudichum Douche has lately been modified by this simple little instrument of Snowden & Bros. of this city. As you see, it is a glass cup with an opening in the bottom, and a protuberance on the outside for the attachment of a gum-elastic tube. At the other or lower end of this gum tube is a small glass or metal nozzle for introducing into the nostril. It is here covered with an extra piece of gum, which is not, however, essential. The mode of use is to have a pitcher or basin of water elevated on a level with, or above the head, then pour water into the cup and let all the air be expelled from the tube. Then cork the nozzle, or hold your thumb over it until you immerse the cup in a basin of water, not allowing any air to remain in the cup or tube. Then grasp the tube near the nozzle and compress it with the thumb and index finger of the other hand, and remove the cork or thumb. With the head of the patient thrown slightly forward over another basin, and while he breathes through the mouth, press the nozzle into one nostril and relax the compression on the gum tube, when the water will flow through this nostril and out by the opposite one. The nozzle can be used successively in each nostril in the same manner. If the patient should begin to swallow or show evidences of sneezing, compress the tube at once and stop the flow of water. The fluid recommended by Thudichum is an ounce of chloride of sodium to a pint of tepid water. Some cases will require a stronger, and some a weaker solution, however.

EYE DOUCHE.—I will also show you Dr. Dyer's douche for the eye, which I have had in use for a long while. It is a hollow India-rubber bulb, with a metal attachment which has an expansion with numerous very fine openings in it, made much like the "rose" of a watering-pot. By compressing the gum bulb and thus driving out the air, and then inserting the metal end in the fluid you wish to use, relax the hold on the bulb and the fluid will be drawn up into it. Then seating your patient, with the head erect or thrown a little forward, and a towel or handkerchief around the neck to keep the clothing from getting wet, point the

metal end of the instrument near the eye to be cleansed or washed with the solution, and then compress the bulb, when the fluid will fly, in very fine streams, into the affected eye.

A SUBSTITUTE FOR TRACHEOTOMY IN CROUP.—Adolph Weber claims that *lactic acid* will dissolve the exudation that produces membranous croup, so that tracheotomy need not be resorted to. It might possibly be of avail, should our remedies, that have ever been so very efficient in membranous croup, prove unavailing. A solution of 15 to 20 drops of lactic acid to half an ounce of water is made, and the patient inhales it every half hour, until respiration loses the whistling sound and becomes easier, with more rattling sounds in the throat. Then a solution of 10 to 15 drops to the half ounce is used, until the difficult oppressed breathing is gone.

NEW MODE OF DIAGNOSIS.—The latest wrinkle in the way of obtaining diagnostic signs in certain affections, such as muscular atrophy, trichiniasis, &c., is quite a scientific one, although not one that patients generally will desire to have applied. It consists in applying local anæsthesia, and then cutting down upon one of the muscles in which the lesion exists, and excising a small portion of the living muscle, which is examined under the microscope. Trocars are now made to accomplish the same result without the scalpel. One called Duchenne's catches the muscular tissue at the side of the instrument after being introduced, and nips out a small bit of muscle; while another (Næggerath's) grasps from its extremity a portion of muscle with a pair of hooked points. These make only small puncture wounds.

COMPACT FORM OF NUTRIMENT.—In Australia, the nourishing part of a good sized ox is condensed into nine pounds of solid matter. The preparation is called "Whitehead's Essence of Beef." A bowl of good soup can be made of a little cake of half an ounce weight, and about the size of a silver dollar. Thirty pounds of beef are condensed into one, and made up into these little cakes. A traveller with three or four condensed oxen in his valise, and a few pails of milk, in the shape of "condensed milk," and a few more concentrated extracts of nutritious substances, might now travel for almost a year, carrying his food with him, and live and luxuriate on the supply he laid in at the outset.

ELECTRICITY EXPERIMENTS ON ANIMALS.—Dr. B. W. Richardson recently anæsthetized a pigeon with the Bichlorite of Methylene, and then sent the current of a powerful Rhumkorf coil, capable of giving a twenty-nine inch spark, through its feet, it being in connection with the coil. A frog was also tried with a similar result. Independent of some muscular contraction, no effect was produced upon the respiratory muscles, heart, or other organs, the bird awoke sound and well, nor was the frog injured. It was thought that the current passed externally upon the surface of the body. Now if we will only remember that electricity will pass through or over a good conductor without injury, if large enough, and no opposition is offered it in its progress, we may have a

better explanation. Had there been a resisting medium in the bird's or frog's body to the passage of the current, death would, no doubt, have resulted. This point is often illustrated in persons with very wet clothing on, out in a thunder storm, who are struck by the electric discharge of a passing cloud, and who are unharmed, because the water in the clothing is a good conductor and no opposition is offered to the passage of the current, while another person with dry clothing on might be killed. The greater the resistance offered to the passage of a large current of electricity, the greater will its destructive effects be.

IS INEBRIATION HEREDITARY.—Statistics of the Missouri State Inebriate Asylum show that 980 cases out of 1406 of delirium tremens, had an inebriate parent or grandparent, or both.

NOVEL MODE OF EXAMINING A GRADUATING CLASS OF MEDICAL STUDENTS.—The St. Louis College of Homœopathic Physicians and Surgeons examines its class for the degree of the medical doctorate by a written examination. Each professor, with written questions, has the student come with pencil and paper before him, when he reads out a question, and they all write out an answer to the best of their ability, and when all the questions are answered, each student signs his name to his paper, and they are taken up and examined by the professor. Each member of the class has thus an impartial examination, and a chance to display his proficiency in general English education, as well as to show his own handwriting.

SOME OF THE DISEASES MET WITH THE LAST MONTH.—I have, among other diseases, had several cases of Spotted Fever (Typhus Petechialis), some Scarlatina, Rubeola, Relapsing Fever, Typhoid Fever, Typhoid Pneumonia, Diphtheria, Rheumatism, Catarrhal Fever, &c. One case of membranous croup occurred, which was cured, and the cylindrical fibrinous membrane thrown off after I used Bromine, when Kali Bich. and Iodine, and other remedies had done good service, but apparently had lost their effect.

PROGRESS OF HOMŒOPATHY ABROAD.—We notice the following intelligence in the April number of the *Monthly Homœopathic Review* (British). "A long and animated debate in the Hungarian Parliament, extending over two days, has terminated in the House voting, by a large majority, in favor of a proposition for the establishment of a Professorship of Homœopathy in the University of Pesth, and of another, for the foundation of a Homœopathic Hospital therewith."

At nine o'clock, the Society proceeded to elect officers for the ensuing year, with the following result: *President*, Walter Williamson, M.D.; *Vice-President*, Owen B. Gause, M.D.; *Treasurer*, Adolphus H. Ashton, M.D.; *Secretary*, Robert J. McClatchey, M.D.; *Scribe*, Bushrod W. James, M.D.; *Censors*, Jacob Jeanes, M.D., S. S. Brooks, M.D., C. E. Toothaker, M.D.; *Committee on Proxings*, Henry N. Guernsey, M.D., John C. Morgan, M.D.; *Committee on Prevailing Diseases*, Pemberton Dudley, M.D., Charles Neidhard, M.D.

Dr. WILLIAMSON, the newly elected President, was conducted to the chair, and made some appropriate remarks. He alluded, in complimentary terms, to the retiring President, Dr. Richard Gardiner, who had filled that position since the organization of the Society, with so much honor to himself and satisfaction to the members. Dr. Gardiner having removed to Baltimore, and thus severed his connection with the Society, it was fitting, in his opinion, that the Society should, by some means, express its appreciation of the dignity and fairness of its late presiding officer.

On motion of Dr. H. N. Guernsey, the Secretary was instructed, by a unanimous vote, to convey to Dr. Gardiner the thanks of the Society for past services, to notify him of the esteem and regard of the members, and of their best wishes for his success in his new field of labor.

Dr. H. N. GUERNSEY then read a portion of a letter he had received from Mrs. Mercy B. Jackson, M.D., of Boston, expressing her approval of the non-application of the bandage after parturition. The Doctor stated that he regarded Mrs. Jackson's testimony very highly, not only on account of her experience as a practitioner, but the more particularly because she had, on a previous occasion, rather condemned the doing away with the bandage, when he had applied to her for her experience and views prior to publishing his paper in the *Hahnemannian Monthly*.

Dr. GUERNSEY stated that he had promised to make some remarks concerning the *Ligation of the Funis*, to which his attention had been seriously directed by an able article on that subject, written by Dr. Chas. H. Haeseler, of Pottsville, Penna. It comes within the province of our Society to discuss this subject, as it pertains to the advancement of medical science and art. I cordially approve Dr. Haeseler's main proposition—that the umbilical cord should not be tied—as a new measure, and indorse the paper in general, but while there is so much good in it, so much worthy of commendation, there is one thing, in my opinion, not true. I understand Dr. Haeseler to assert, that the blood of the fœtus and that of the mother are identical; that the current of blood flowing through the fœtal vessels also passes through the vessels of the mother to the maternal lungs for aërication. This certainly is not correct. The fœtal and maternal blood are entirely distinct; not a single drop of fœtal blood passing into the maternal vessels. It would be necessary, in order to consider this subject fully, to go very far back in the history of the embryo; as far back as the period of conception, that time when the semen of the father, containing his vivifying principle, life, soul, or, so to speak, a graft from his soul, coming into contact with the ovum of the mother, a new being is created, which never before existed, and which, from that time, has in a more or less developed condition, an independent soul, body, life, and, consequently, circulation. And even before the formation of the placenta, the *omphalo-mesenteric* vessels, constituting the fœtal vessels, pulsate for the fœtus alone, and while extracting from maternal reservoirs substance for growth and nutrition, do not intercommunicate,

except indirectly, with maternal vessels, and hence do not commingle embryonic with maternal blood. This primitive method of circulation and supply is the primary development of the subsequent placenta, subsequently increasing gradually in size as the demands of the nourished and growing fœtus require, until it assumes the proportions we are all so well acquainted with. The placenta depends, for its formation, on the mutual growth of the villi of the chorion on the one part, forming the fœtal side of the mass, and of the uterine mucous membrane on the other part, forming the uterine or maternal side. And the fœtal blood comes into contact with the maternal blood, and takes from it all things required for fœtal growth, by endosmose; comes in contact with it, but never commingles. The most positive proof of this lies in the fact that it is impossible to inject the vessels of the maternal side of the placenta, even with the finest injection, through the fœtal vessels, and *vice versa*.

I otherwise approve Dr. Haeseler's views, and think with him that it would be better, if the blood contained in the vessels of the cord was allowed to drain off, and not be confined in the young organism; for I can readily perceive how that blood, debased in a great degree, and charged with effete and poisonous material, being retained, can act as a poison sufficiently to give rise to infantile colic and jaundice, and even more serious derangements.

I determined to try the non-ligation process, after reading Dr. Haeseler's paper, at the first opportunity. I have been able to do so in but two cases, but had hoped to have presented the results of several others. In the first case the cord had ceased pulsating when I cut it. I watched it carefully, and saw it bleed about an ounce—certainly not much more, and then had it dressed, according to my usual method, with raw cotton. The subsequent effusion of blood was not more than sufficient to barely soil the cotton dressing. The child has been good thus far, while the mother's other child was very cross and colicky. In the second case I cut the cord, without tying, while it was in full career of pulsation. The blood spirted more than in the first case, but not very much; the subsequent oozing being barely sufficient to stain the bandage. This child has also been good. I would recommend to await the complete establishment of respiration, and the cessation of pulsation in the cord, before cutting, and then to sever the funis about three inches from the child, turning the cut extremity downwards immediately, that there may be no unnecessary soiling of bed clothing, &c. I shall continue the experiment, and report to the Society at a future day.

Dr. DUDLEY said, that knowing the habits of the lower mammalia, and having seen some of them—mares for instance—bite off the funis of their young immediately after birth, the question of the necessity for ligating the funis in the human species was one of the first to force itself upon his attention at the outset of his professional life, though the effect of such ligation upon the health of the subject had not entered into the question. Since reading Dr. Haeseler's interesting article, another ques-

tion was suggested, viz., whether placental circulation does not cease immediately upon the detachment of the placenta from the uterine walls, or, at least, as soon as respiration is established; and whether the influx of blood into the cord, indicated by its pulsation, may not regurgitate into the hypogastric arteries between the pulsations, instead of making a complete circuit through the placenta, umbilical vein, and inferior vena cava. Would not the blood as it circulated through the detached placenta, and separated from actual contact of air only by the exceedingly thin "*endangium*," become so changed in temperature—perhaps so modified in chemical character—as to produce serious and immediate results on the health of the subject if allowed to enter the general circulation? As the *ductus arteriosus* contracts to prevent the venous blood from entering the aorta, why should not the *ductus venosus* contract at the same time, to shut out the "*belated*" placental blood from the vena cava? And why should not the umbilical and the hypogastric arteries also contract, and thus complete the wonderful precaution of nature, and render division of the funis without ligation perfectly safe, even in the first moment of extra-uterine life.

Dr. S. S. BROOKS said that he was faithfully taught to tie the cord, and crush the "*Whartonian jelly*," but upon reading Dr. Haeseler's article in the *Hahnemannian Monthly* he had been struck with new thoughts. He was led to consider whether there was any necessity for ligating the funis, and reasoning it out that there was none, resolved to try the experiment of non-ligation. He had done so in two cases, and there was but slight hemorrhage, perhaps a tablespoonful of blood had flowed. He had waited some five minutes, until the cord had about ceased to pulsate, before cutting, which he had done at about two inches from the child. These two children had, so far, been good. He was well aware that a few cases were insufficient to determine anything, but he should be very glad if this simple means will rid us of infantile colic and jaundice, of the latter of which some cases are very alarming.

Dr. BUSHROD W. JAMES said he was unable to agree with the statement that there was some of the blood of the body waste, so impure as to be worthless. Blood is blood, and if it is not purified and aerated in the placenta before respiration, it can, by entering the general circulation and repairing to the lungs, there become oxygenated and purified. This matter had not yet afforded sufficient data for the drawing of conclusions in regard to the abolition of colic and jaundice of infants. He had always tied the cord, and remembers plenty of children who had neither colic or jaundice.

Dr. GUERNSEY contended that it was refuse, debased, and bad blood, cut off on its way to go to the placenta for such aeration as it might receive there, and not fit to go into the general circulation.

Dr. BROOKS remarked that we should consider the effect of contusing arteries, and perhaps use a blunt instrument rather than a very sharp one, as a guard against hemorrhage.

Dr. WILLIAMSON said that one of the objects in not ligating was to get rid of what is termed bad blood, and therefore it would be best to cut with a sharp scissors, so as to secure the flow. This is a very interesting subject to the profession, although one in which he had taken but little interest until reading Dr. Haeseler's paper. He did not think that Dr. Haeseler meant to say that the blood circulating in the fœtus and in the mother is identical, but that he meant that the circulation of the fœtus, after respiration is established, is of the same kind as that of the mother.

Dr. GUERNSEY. If he meant only that, I of course agree with his views, but I understood him to express what I have stated, and in that I know him to be in error, most likely through a mere *lapsus pennæ*.

Dr. WILLIAMSON continued by stating that he had always taught that the crying of infants was not due to colic as often as practitioners and nurses supposed, but to a variety of other causes; and the physician who simply prescribes for a supposed colic will often fail to give relief; fortunately, however, most homœopathists prescribe for the presenting symptoms, and hence are not so likely to fail. He could readily understand how the impure blood tied up in the child might produce disturbances. He asked the members if they had never known of cases of fatal hemorrhage from imperfectly tying, or not tying at all, the cord. He remembers one case in which the child, although living some years, never recovered from the effects of the frightful hemorrhage that occurred at its birth. The attending physician used a piece of tape for a ligature, and wrapped it about the funis several times, and then tied. Proper compression was not made, the Whartonian jelly was not cut through, and a terrible hemorrhage ensued. If no more blood can escape than is on its way to the placenta, how could this hemorrhage have occurred?

The SECRETARY said that, in his opinion, an imperfectly tied cord, as in the case related by Dr. Williamson, was more liable to subsequent hemorrhage than one cut and not tied. In the latter case the vessels contract by their tonicity or elasticity, while in the former that power is in a measure destroyed by the compression, and the vessels are reduced to the condition, so to speak, of a mere hose.

Dr. WILLIAMSON referred, in earnest terms, to the forthcoming meeting of the American Institute of Homœopathy, to be held in Chicago, June 7th, 8th, 9th, 10th, next, and urged the members of the Society to attend. The meetings are both pleasant and profitable, and productive of a vast amount of benefit to Homœopathy.

Dr. B. W. JAMES hoped that the members would not forget the meeting of our State Society, which will be held at Erie, June 3d and 4th, the Friday and Saturday prior to the meeting of the Institute at Chicago; so that physicians attending the Institute can take the State meeting on their way thither. The State Society should be fostered and encouraged. Our County Society is one of the best, and our State Society should rank equally high.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.*

THE Nineteenth Annual Session of this Society was held at Albany, February 8th and 9th, 1870, Dr. Wm. Wright, of Brooklyn, President, occupying the chair.

FIRST DAY.

After prayer had been offered by Rev. Dr. Sprecher, the President addressed the Society. From this address we cull the following passages:

"Though no striking event has occurred since last we met, to work an era in our history, or to electrify the people, yet our progress has been steadily onward, making new breaches continually upon the walled citadel of that system of medicine whose chief reliance, aside from its age, consists in the presumed unscalable height of its walls, and the imagined strength of its bulwarks.

"It is estimated that there are now some eight hundred homœopathic practitioners in this State alone, and although the several Medical Colleges are sending out large classes annually, the supply does not equal the demand.

"Although the Margarettsville Retreat has proved a failure, still we trust this will not prove evidence of a want of interest in the welfare of this unfortunate class of our fellow-citizens.

"While this may retard, let it not discourage any well-organized and systematic effort to erect upon its ruins a better institution than the one at Margarettsville ever could have been.

"In view of the present condition of the insane in our State, and the increasing numbers of the friends of homœopathy, their wealth and influence, it is but just that at least one asylum should be founded where the treatment shall be homœopathic. Our opponents, if honest, should favor such action on the part of the State, if for no other reason than to show the folly of homœopathy."

Dr. SMITH moved the appointment of a committee of three to consider and report on the suggestions set forth in the President's address. (Carried, and Drs. Searle, Cornell, and Palmer were appointed such committee.)

On motion, Drs. Waldo, Joslin, Watson, and H. M. Paine were appointed a business committee.

Dr. BEAKLEY moved that a committee of three be appointed to wait on the Governor and Legislature, and invite them to attend the sessions of the Society. (Carried, and Drs. Beakley, McMurray, and Holmes were appointed such committee.)

The minutes of the last session were then read and approved.

* We are greatly indebted to Dr. H. M. Paine, Secretary, for a full report of the proceedings of the Society, from which the following is condensed.—EDITOR H. M.

On motion of Dr. Beakley, all homœopathic physicians present were invited to participate in the proceedings of the Society.

Dr. FOOTE, the oldest honorary member of the Society, was invited to occupy a seat by the side of the President.

On motion, Drs. McKown, A. F. Smith, and Miller were appointed a committee on credentials.

The following were elected permanent members of the Society: Drs. H. B. Millard, New York; H. N. Avery, Poughkeepsie; H. E. Morrill, Brooklyn; F. W. Ingalls, Kingston; C. G. Clark, Troy; G. H. Beach, Sandy Hill; J. N. White, Amsterdam; L. B. Waldo, Oswego; S. C. Knickerbocker, Watertown; E. C. Bass, Cazenovia; H. Doty, Margarettsville; C. E. Swift, Auburn; W. M. Gwynn, Throopsville; H. S. Hutchins, Batavia; A. T. Bull, Buffalo.

The following were elected honorary members: Drs. John Drummond, Manchester, England; John J. Edic, Leavenworth, Kansas; John Drysdale, Liverpool, England; Von Grauvogl, Nuremberg, Germany; H. R. Madden, London, England; D. G. Woodvine, Boston, Mass.

The Treasurer then presented his report, which exhibited a deficiency of about three hundred dollars. The usual complaints were made about delinquent members, and the Society went into a discussion of its financial affairs; and measures were taken for reaching those who neglect to pay dues that it should be a pride and a pleasure to pay.

A number of valuable papers were then presented by Dr. Waldo, of the Business Committee, some of which were read by title and some in full, and were referred to the Publication Committee.

A resolution was adopted extending the sympathy of the Society to Dr. John F. Gray, in his present serious illness, which has prevented him from being present. Recess until 3 P.M.

AFTERNOON SESSION.

The Society reconvened at 3 P.M. An interesting case of Bright's disease of the kidneys was described by Dr. McMurray, and remarks were made by a number of delegates.

The President, Dr. Wright, read his paper entitled *The Modus Operandi of Medicine*.

Dr. JOSLIN made some remarks on vaccination, and hoped the members of the Society would express their views generally.

Dr. WALDO said the trouble in vaccination was to obtain good virus.

Dr. WELLS said the best way to obtain good virus was to select the best imported virus, and then take the virus from a healthy child. He thought that vaccination was the best and most thorough manner of preventing small-pox. He had been vaccinated at least twenty times, and never successfully.

The President said he had been vaccinated half a dozen times, and always successfully.

Dr. SEARLE mentioned the case of his little boy, who was never healthy before he was vaccinated. About a month ago he vaccinated him, and with the most marked results; he had grown stronger and healthier since the operation.

Dr. AVERY said Dr. Hall, of Poughkeepsie had some tubes of virus sent him from Matanzas, and he vaccinated a number with it, in each case successfully. He took some matter from one of the crusts and vaccinated over one hundred, out of which only twenty-five or thirty did not take. A great many of those on which the virus acted, broke out into sores and ulcers. He afterward took the matter in tubes, from the same children that had the sores and ulcers, and vaccinated other children with the best effects.

The discussion was continued at considerable length, several of the delegates expressing surprise that an impression had obtained that homœopathists were opposed to vaccination.

Dr. McMURRAY said that sores, ulcers, and other diseases existed before vaccination was discovered. So did small-pox, and it carried off hundreds of thousands where it does not now hundreds.

Dr. SEARLE having occasion to vaccinate one hundred, one evening he broke up some matter in water, and in every instance vaccinated successfully. Two or three days afterward the same matter was applied to a child, and was followed by bad effects.

Dr. JONES said the result of vaccination was partly due to the state of the patient at the time. Having vaccinated a child, he told the mother that it would break out into sores, there being a roughness of the skin between the eyes. The child broke out into sores from the root of the nose to the nape of the neck.

The question of uterine diseases and the use of the pessary was next discussed by Drs. Throop, Jones, Joslin, Waldo, Searle, Avery, Holmes, McMurray, and others.

Dr. WALDO offered the following preamble and resolutions:

Whereas, The science of homœopathic medicine having become a generally accepted practice, particularly among the more enlightened portions of the people of our country; and

Whereas, They demand a more thorough and comprehensive course of medical studies on the part of those who practice and those who teach medical science; and

Whereas, The faculties of several homœopathic medical colleges, perceiving this want, are desirous of taking an advanced position in enlarging and dividing their curricula into freshmen, junior and senior years; and

Whereas, These faculties desire the opinion of the profession on the proposed change; therefore

Resolved, That we, the members of the Homœopathic Medical Society of the State of New York, do deem this one of the most important steps to be taken for the advancement of medical science.

Resolved, That we extend a hearty support to the homœopathic medi-

cal colleges, having in view the adoption of the proposed plans for elevating the standard of medical education. (Adopted.)

After which, the Society adjourned to meet again Wednesday, at 9 o'clock A.M.

In the evening, the members assembled at the Assembly Chamber to listen to the address of Dr. Wm. S. Searle, of Brooklyn, on the subject of "The Status of the Medical Profession in America." The Doctor presented an able and graceful elaboration of the following topics: Why the standing of the profession is lower in America to-day, than in any other country. Review of the requirements of the government in respect to physicians in England, France, and Germany. Many of the safeguards of European law are impossible in the United States. Defects of the present system of educating physicians in this country. Skill and ability to cure disease, at present, not criterion of a physician's success. How far may the government legitimately interfere. Draft of a bill for the regulation of the practice of physic and surgery.

The Doctor concluded with an eloquent apostrophe to his profession, and urged his brethren of both schools of medicine to join hands with him in the endeavor to lift it from the slough of quackery and the quagmire of abuse.

Later in the evening, the members adjourned to the Delavan House, where they enjoyed the hospitalities provided for them by Dr. H. Swits, of Schenectady.

After partaking of a bountiful collation, remarks were made by President Wright, Dr. Elial T. Foote, of New Haven, the oldest honorary member of the Society, Hon. John Stanton Gould, Hon. James W. Husted, Dr. George F. Foote, Dr. A. P. Throop, Dr. A. Wilder, and Dr. I. S. P. Lord.

On motion of Dr. Watson, the thanks of the Society were tendered to the several speakers for their addresses, and to Dr. Swits for the entertainment he had so generously provided.

SECOND DAY.

The Society met at 9 A.M., the President in the chair.

Dr. H. M. SMITH, Chairman of Committee on amending By-Laws, recommended, among others, the following changes:

Providing for a bureau of *materia medica*, pharmacy, and provings; one of clinical medicine; one of obstetrics and diseases peculiar to women and children; one of surgery; and one of registration and statistics; each bureau to consist of five members.

Providing for an Executive Board, consisting of the officers of the Society, and the chairman of the various bureaus.

Providing for a Nominating Committee, to nominate officers, chairmen of bureaus, delegates to other societies, honorary and permanent members.

Dr. SEARLE moved that a committee of six be appointed on the bill sug-

gested in the Annual Address, with power to perfect the same, and report at the next annual meeting, provided they deem any further action necessary. (Adopted.)

Drs. Gray, Joslin, Dunham, H. D. Paine, Moffat, and Watson, were appointed such committee.

Reports of Delegates to the various State Medical Societies were read and adopted.

The report of the Nominating Committee was received, and the following officers elected:

President.—L. B. Wells, M.D., Utica.

First Vice-President.—E. H. Hurd, M.D., Rochester.

Second Vice-President.—E. P. K. Smith, M.D., Auburn.

Third Vice-President.—T. F. Smith, M.D., New York.

Recording Secretary.—H. M. Paine, M.D., 104 State Street, Albany.

Corresponding Secretary.—E. D. Jones, M.D., 140 State Street, Albany.

Treasurer.—W. S. Searle, M.D., 119 Montague Street, Brooklyn.

Censors, Northern District.—Drs. E. B. Cole, S. C. Knickerbocker, D. E. Southwick. *Southern District.*—Drs. L. W. Flagg, W. S. Searle, E. M. Kellogg. *Middle District.*—Drs. L. B. Waldo, G. Z. Noble, W. A. Hawley. *Western District.*—Drs. Charles Sumner, A. T. Bull, N. R. Seeley.

Bureau of Materia Medica.—Carroll Dunham, M.D., Chairman, 68 East 12th Street, New York; S. Lilienthal, M.D., 230 West 25th Street, New York; C. W. Boyce, M.D., Auburn, Cayuga County; John J. Mitchell, M.D., Newburgh, Orange County; L. M. Kenyon, M.D., 86 West Mohawk Street, Buffalo, Erie County.

Bureau of Clinical Medicine.—William H. Watson, M.D., Chairman, 270 Genesee Street, Utica, Oneida County; Henry D. Paine, M.D., 229 Fifth Avenue, New York; James W. Cox, M.D., 109 State Street, Albany; C. Judson Hill, M.D., 4 Columbia Street, Utica; A. T. Bull, M.D., 98 East Swan Street, Buffalo.

Bureau of Statistics.—H. M. Smith, M.D., Chairman, 107 Fourth Avenue, New York; R. C. Moffat, M.D., 10 Schermerhorn Street, Brooklyn; T. L. Brown, M.D., 45 Collier Street, Binghamton; E. B. Holmes, Canandaigua; A. R. Wright, 162 Pearl Street, Buffalo.

Bureau of Obstetrics.—E. M. Kellogg, M.D., Chairman, 21 East 20th Street, New York; Henry Minton, M.D., 138 Remsen Street, Brooklyn; T. C. Fanning, M.D., Tarrytown; E. A. Munger, M.D., Waterville; A. W. Holden, M.D., Glen's Falls.

Bureau of Surgery.—C. Th. Liebold, M.D., Chairman, 257 Fourth Avenue, New York; Jacob Beakley, M.D., Gramercy Park House, New York; P. L. F. Reynolds, M.D., 74 Westerlo Street, Albany; Cornelius Ormes, M.D., Jamestown; T. Dwight Stow, M.D., Fulton.

The following persons were nominated for *Honorary Membership*: Dr. C. Hempel, St. Petersburg, Russia; Dr. B. Hirschel, Dresden, Saxony; Dr. Alfred C. Pope, London, England; Dr. Matthias Roth, London,

England; Dr. A. H. Hull, Chicago, Illinois; Dr. Robert J. McClatchey, Philadelphia, Pennsylvania.

Nominations were also made for Permanent Members, and delegates to the American Institute, and to the various State Societies were appointed.

Dr. McMurray offered the following preamble and resolutions:

Whereas, Geo. F. Foote, M.D., has for some months past been preparing plans, selecting a location and collecting subscriptions for a homœopathic insane asylum; therefore,

Resolved, That Dr. Foote has the entire confidence of this Society.

Resolved, That we freely indorse his prepared plans and the work so far accomplished.

Resolved, That the President and Recording Secretary of the State Society, together with Drs. John F. Gray, Carroll Dunham, and Samuel Lilienthal, of New York, Wm. S. Searle, of Brooklyn, William H. Watson, of Utica, A. R. Wright, of Buffalo, and Hon. J. Stanton Gould, of Hudson, be and are hereby appointed as Associate Council with Dr. Foote in furthering the object of this work until a permanent Board of Trustees shall be elected.

Dr. Foote addressed the meeting, and stated that he had plans for the asylum prepared, and had made arrangements whereby building materials could be obtained at very low rates.

Reports were received from six Hospitals, twelve Dispensaries, one Medical College, and twenty-nine District and County Medical Societies. These reports were accepted for publication in the volume of "Transactions," and were referred to the Bureau of Registration and Statistics.

Resolutions expressing the thanks of the Society to the Rev. Mr. Sprecher, to the Common Council of Albany, and to the retiring officers, were unanimously adopted.

The President announced the semi-annual meeting to be held at Rochester, on the second Tuesday in September, 1870, at 10 A.M. The delegates of the Monroe County Medical Society were constituted a Committee of Arrangements.

The Society then adjourned *sine die*.

Upwards of sixty members were present. More than usual interest was manifested in sustaining the Society to the full extent of its usefulness.

Just after the close of the meeting the following telegram was received from Dr. J. J. Youlin, President of the New Jersey Medical Society:

"To the President and Members of the New York State Homœopathic Medical Society, Greeting:

"The bill incorporating the Homœopathic Medical Society of New Jersey has just passed both branches of our State Legislature."

Whereupon the Secretary responded as follows:

"The Medical Society of New York congratulates the homœopathic profession of the State of New Jersey in having obtained a legal status, and hopes that the advantage thus acquired will promote the advancement, prosperity, and usefulness of the practice of legitimate medicine."

The seventh volume of the Transactions of the Society will soon be ready for distribution. If the material for the next volume could be obtained early in the season the report would be issued without the usual delay. The Secretaries, therefore, desire to urge members of the profession to furnish their reports and communications, if possible, prior to the 1st of July.

In order to facilitate the preparation of manuscript for the report, and diminish somewhat the labor of the Recording Secretary, by dividing it among several appropriate committees, five bureaux have been established. Correspondents are accordingly requested to transmit all papers and communications, which properly belong to either of the departments, directly to their respective chairman; all other communications may be forwarded to either of the Secretaries.

HOMŒOPATHY

In France, Germany, and England, in the year 1869.

BY CHARLES NEIDHARD, M.D.

(Read before the Philadelphia County Medical Society.)

[Concluded from page 352.]

ONE ward is exclusively appropriated to diseases of women, under the care of Dr. Leadam.

On the third floor is Mr. Blakely's bedroom.

I saw there several cases of fistula in ano. They use no ligature, but always the knife in such cases.

Some cases of psoriasis are benefited by Arsenic.

Under the skylight there is an excellent operating room, under the superintendence of Dr. Vaughan Hughes, the operating surgeon.

There is also a convenient hoisting machine for the patients of the second and third floors. I remember that in the large Hotel Milan, at Milan, Italy, I saw for the first time an apparatus of this kind moved by electricity.

The total number of patients which have been treated since its opening in 1859 to December, 1868, is 74,364. The outdoor patients alone, up to June, 1869, amount to 66,140.

The Patroness of the London Homœopathic Hospital is Her Royal Highness, the Duchess of Cambridge. The Vice-Patron is His Grace, the Duke of Beaufort. The President of the Hospital is the Right Honorable, the Earl of Wilton. Among the Vice-Presidents we may count two earls, two viscounts, seven lords, two baronets, one rear admiral, one major general, and three members of Parliament. Dr. Frederick Quin, the distinguished homœopathic physician of London, has also the honor of being a Vice-President.

Lord Elcho, the Chairman, at the dinner given in aid of the funds of

the Hospital, made the following appropriate remarks with regard to these great names: "Now, I have no doubt, that the rival practitioners in this city think and say 'It's all very well for you to have these great names and these members of the upper ten thousand on your advertising bills; but what does it show? Only that some of the upper ten thousand are somewhat weak in their upper story.'" [Hear, and laughter.] "Nevertheless," continues Lord Elcho, "I am inclined to think that the President of the Royal College of Physicians, if this were a public dinner for any hospital in which he took an orthodox interest, would not be sorry to print and have at the door of the Freemasons' Tavern, a bill with such a respectable list of stewards as the Homœopathic Hospital can show. I say, then, that with this list of stewards, there should be no difficulty in keeping this establishment not only floating, but vigorous, and in healthy, active life."

Meanwhile the persecution of homœopathic physicians continues. Lord Elcho gives an instance from his own observation: "I know a person," he continues, "who wanted to consult a physician as to the state of her chest. When she asked who was the person in London who was supposed to know best what was going on in that 'box,' and who had the key of the box and could tell what was inside, she invited him to come and see her. He was asked to see his patient, but before doing so, he was told that she was a patient of Dr. Quin. He then asked, 'Does this lady intend to remain in the hands of Dr. Quin?' The reply was, 'Yes.' Then he said, 'I decline to see her. I decline to give an opinion, if she is to remain in the hands of a homœopathic practitioner.'"

The great feature in the financial statement of the Hospital is that of the donations of the reserve fund, reaching £5552, or about \$33,000. This is exclusive of house and furniture. Drs. Madden and Pope, appointed to inspect the Hospital, expressed their approval after a searching examination into all points. The visit was made when the Hospital was in its usual state, no one having cognizance of the visit, until the inspectors were in the house.

The great object of the Board of Managers is to obtain sufficient funds for the support of 100 beds, no hospital being recognized as a school of medicine by the authorities, unless there be at least that number of beds. At present the Hospital has but 60. It is, therefore, of the highest importance to obtain the means to enable them to make the necessary increase.

Lord Ebury, as Chairman, in a speech at the Annual Meeting of 1869, said: "It seems to me desirable that we should have a medical school. We shall not be fully successful until we have a properly established medical school, and we shall not do that, unless we have the Hospital on a larger scale and have more patients, and can afford everything to the medical man that is required by his art and practice. There is not a reason why we should not have a medical school. I subscribe, as do most of us, to several hospitals, and I will say, I am inclined to retract my

contributions to others, to centre them entirely in this, because now I really see a prospect of a good hospital school. The advisability of supporting such an institution no one will deny, and I do press upon all who have the means, not to be halting, as it were, between two opinions, but to come forward manfully, if they believe Homœopathy is the better of the two systems; and in this I do not refer especially to the upper ten thousand who are comparatively few, but also to those hundreds of thousands who are not so wealthy, but who could yet aid materially in the work."

Other distinguished men expressed similar opinions with regard to the necessity of establishing a Homœopathic Hospital School. This event will, no doubt, soon take place, as the pecuniary means are ready.

Dr. Drysdale, of Liverpool, invited about a dozen of his colleagues to meet on the evening before my departure to America. They all gave a very favorable account of the progress of Homœopathy in Liverpool. Several old school physicians, lately converted, were present.

In reviewing the progress of Homœopathy in Europe, we become better satisfied with the fortunate condition of our own country, and its liberal policy towards all new ideas, which leads our legislatures to grant charters to Homœopathic Colleges. At the same time we must not shut our eyes against the fact, that the want of precision in our *Materia Medica*, inevitable in a young science, has furnished to our adversaries the means of an occasional successful warfare. Notwithstanding all this, our great strength is in our cures, which cannot be explained away.

As there cannot be an amalgamation with the old school, the thinking men on our side have striven for years to plan homœopathy on a more secure basis, and every effort of this kind ought to be met with a spirit of forbearance. The most important works published in this respect are those of Grauvogl, in Bavaria, and Hausman, in Austria. In Germany I have heard several physicians say that Grauvogl's views are leading physicians from homœopathy. My opinion is that some of his views, if carried into practice, will give homœopathy a sounder and safer basis. The views of Dr. Elb, and other German physicians, also deserve our regard. In England, Drs. Drysdale, Madden, Sharp, and others, have the same aim in view, and ought to be studied.

The most comprehensive work in this respect is that of Hausman, which, even in Germany, did not receive the attention which it deserved. Some of us, thanks to the profound analysis made of it by Dr. Hering, have taken a different idea on the subject. The synopsis published in the *New York Tribune*, brought his fundamental ideas before the most cultivated part of the American public. It is to be regretted that the great majority of medical men took no notice of his important revelations. His ideas, pursued to their ultimate consequence, will give our practice that reliable fundamental basis, which will make it acceptable to the most scientific physician of both schools. Both will then be able to work together for the perfection of medical science generally.

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No. II.

THE HEMORRHAGIC DIATHESIS.

BY JOHN J. DETWILER, M.D.

[Concluded from page 405.]

THE tonicity of the arteries is said to be much impaired. This is shown by the remarkably attenuated condition of their parietes, which makes them bear a close resemblance to the veins. From this condition of the arterial vessels, it happens that when they are severed, as in a wound, they do not retract by virtue of their elasticity; nor do they contract upon themselves. But they remain open and unshrunk, passively pouring out their contents. Similar also is the condition of the capillaries, which, when laid open, have no power of self-contraction.

It is evident that the cause of these various phenomena must be found in an abnormal condition both of the blood-vessels, and the blood itself. Accordingly, Schœnlein says in his *Autopsiæ Cadavericæ*: "Leider liegen noch zu wenige Fälle vor, um über die Gewissheit des Constantseins der folgenden Erscheinungen aburtheilen zu können; das Herz zeigte eine mehr runde, fötusartige Bildung; an der Stelle, wo im normalen zustande die grösste Muskelent-wicklung stattfindet, fand sich keine Muskelsubstanz,

die Stelle von beiden Seiten her überzogen (ein pathisches aequivalent für die perforation selbst) und bildete gleichsam so eine Klappe. Es kam kein Blut durch."

The *prognosis* of cases of hemorrhagic *diathesis* must be very unfavorable, according to the statistics already given; and still more so if Schönlein's autopsy is correctly reported. The degree of immediate danger will be determined by the proximity of either of the two principal physiological evolutions already stated, to be most likely to develop the constitutional predisposition into actual and almost incurable hemorrhage.

In the treatment of this disease there are no specific remedies; prevention is far better than cure. We may and must anticipate the danger, and endeavor so to fortify the system as to render the hemorrhagic diathesis less likely to be developed; and milder, and so much the more amenable to treatment, when it does assume the form of actual disease. Thus it was proposed to the mother of the infant just mentioned, to abstain from nursing with her own milk any of her children; to put them in care of a robust and healthy wet nurse; to place them as soon as possible upon a strictly nutritious regimen, and frequently to bathe them in cold water. And thus the effects of a permanent residence in a cool and mountainous region, in conjunction with homœopathic remedies, might contribute largely towards rendering the patient more capable of surviving the critical periods, and amending the disordered blood-crisis and the defective tone of the vessels, as it often does ameliorate the strumous habit.

In the case under treatment by Dr. Martin, the profuse hemorrhage from the scarcely perceptible lesion in the mucous membrane of the lower gum, was finally and with much difficulty arrested by applying nitrate of silver to the source of the hemorrhage, and by maintaining constant pressure with the finger. Dr. Martin related to me the cases of two young men, attended by Dr. Danowsky,

of Allentown, both members of another hemorrhagic family in that vicinity, who bled to death in consequence of trifling wounds.

Another case is reported in the *London Lancet*, in which profuse hemorrhage occurred, in a man thirty years of age, from a wound of the scalp an inch in extent, caused by a fall upon the back of his head. At first there was not much hemorrhage; but at the date of his admission into the hospital it was very profuse, but was arrested by pressure. The hemorrhage returned next day; the wound was then slightly enlarged and examined, but no vessels could be found; the blood issuing from the whole surface, pressure was again successfully resorted to. The bleeding returned again after three days, and was again restrained by pressure. A week after his admission another attack came on, and all the surrounding parts became very painful and tender. He could not bear pressure without great suffering. He was also faint from loss of blood. The coagula were now removed; strong nitric acid was applied over the surface of the wound. After this no hemorrhage occurred, and the wound healed rapidly after the separation of the eschar. This man had evidently a strong constitutional tendency to bleeding; seven years previously he had suffered with hemorrhage from the urethra, which was stopped only by retaining a large catheter for several days in succession.

In order to obtain a favorable result in this disease it is essential to adopt the most active measures, such as shall modify the entire organism; change in fact the whole constitution. Any other treatment will be palliative merely, and altogether unsatisfactory in the end. Our knowledge of the morbid state of the general and circulatory systems must show the great importance of avoiding everything which may cause a rupture of tissue, however trifling. Active exercise of the body, strong emotions of the mind, all kinds of stimulating food and

drinks, everything in short which has a tendency to accelerate the circulation, and increase the intensity of the hemorrhagic diathesis, must be carefully avoided.

The general appearance of the patient, and many of the symptoms, show numerous points of resemblance of the hemorrhagic diathesis to cachexia, either scrofulous or scorbutic. This latter form of disease, known as scurvy, has in itself some of the elements of the hemorrhagic diathesis. All our efforts therefore should be directed, *from the very first*, toward the improvement of the condition of the blood; and to render more efficient the entire process of sanguification. *From the very first*, since in a dyscrasia so remarkably hereditary, so sure to be developed sooner or later, in the male children at least, we must take time by the forelock. We must by every possible means of *diet* and *regimen* seek to improve the condition of the entire system as represented in its vital fluid. And while thus availing ourselves of the most beneficial hygienic influences which modern science can suggest, we must at the same time administer, at suitable intervals, the most powerful *antipsoric* remedies which can be determined upon as relating to this peculiar diathesis. This we must do in advance when an opportunity is offered. But as it often happens that the physician is not consulted till the dyscrasia has already made some considerable development, so then we may not entirely depend upon such remedies as have the *ecchymosed spots* in their pathogenesis. Nor can we expect to find in our *Materia Medica* the fully developed pathogenesis of the incessant bleeding. *Phosphorus* indeed comes nearest to it—“*small wounds bleed much.*” But we must select the remedy from a careful study of all the symptoms and conditions. *Phosphorus*, *Ledum*, *Oxalic acid*, *Sulphuric acid*, *Lachesis*, *Erigeron*, deserve the first attention; *Arsenicum*, *Secale cornutum*, *Arnica*, and *Bryonia* should also be carefully studied. Grauvogl, speaking of blood dyscra-

sia, but referring rather to scurvy, suggests *Ferrum* and *China*.

Under the heads of *Hæmophilia*, *Purpura Hemorrhagica*, *Purpuralmia*, *Morbus Maculosis Werlhofii*, and *Ecchymoses*, some notices of this form of disease may be found in the books. Study also the remedies and their indications, under heads of Scurvy, *Hæmatemesis*, *Epistaxis*, *Hæmaturia*, &c.

Spontaneous umbilical hemorrhage of the newly born is the first danger from this dyscrasia. The next danger usually appears with dentition, either primary or secondary. The teeth, when first piercing the gums, or when falling out, cause ruptures of the tissues, which often give rise to the most persistent hemorrhages in such persons. In umbilical hemorrhage the ligature *en masse* gives the most favorable results. In the case of infants, in their first dentition, remedies may be administered to the mother; if she is obliged to nurse the child, local application of styptics and compression may be resorted to to arrest the flow, in addition to internal, constitutional medication. In a case reported by Dr. Frost, in which the hemorrhage resulted from lancing the gums, the flow was finally arrested by application of Perchloride of Iron. This child kept open the wound and promoted the constant flow, by incessantly sucking its gums.

The Hebrew rite of circumcision is practiced upon thousands of children. And the most dangerous source of excessive loss of blood, in performing this operation at the tender age of eight days, arises from the presence of the hemorrhagic diathesis. Dr. Arnold, of Baltimore, records several cases, which occurred in that city, where children barely escaped with their lives, on account of this unfortunate peculiarity. In two cases, circumcised by him, he found great difficulty in controlling the hemorrhage. The means employed to arrest it consisted in wrapping, somewhat tightly, a narrow strip of lint, in successive turns, around the penis, commencing at its root, and frequently

repeating these turns around the wounded part, where it formed a kind of cap, and then secured the dressing by numerous tours of cotton thread. The support and pressure exercised by this compact spiral of lint and thread fully answered the purpose, and probably saved the child's life. Where this diathesis is known to prevail this species of mutilation is unwarrantable and reprehensible, notwithstanding Dr. Arnold's broad assertion, that since the introduction into practice of the Perchloride and Persulphate of Iron, he has, by their topical use, arrested, with uniform success, obstinate bleeding from circumcision.

In such constitutions every part of the body is incapable of bearing long-continued pressure. Extensive ecchymosis and ulceration must inevitably follow, thereby making additional wounds from which the blood will ooze away. But pressure is still of paramount importance in the topical treatment, especially when the already named chemical styptics prove inefficient, or when no time was previously allowed to recruit the circulating system of the patient. These untoward effects of pressure may be guarded against, and as potent an agent substituted, by drawing the gaping wound or abraded surface firmly together by means of adhesive straps, and afterwards covering the dressing and wound with a thick coating of Collodion. In a case treated by me a few years ago, the bleeding from the alveola was arrested by covering the socket with a plaster of Paris paste or mass, which was held to the gum by a metallic spoon shaped to the alveolar arch, to allow the plaster to harden there, thus saving much of this important fluid, and preventing it from becoming more defibrinized.

After all local means have failed, the actual cautery might seem to some to be an infallible and most powerful agent in such like bleeding surfaces; as it sears the surfaces, the various orifices become shrunk, shrivelled, charred, and converted into a dead eschar, an effect most powerfully hemostatic. And so it would be, were it not

for the invariably short period of the adhesion of the eschar, or, in other words, its too early and rapid separation, in such cases, which therefore not only reinduces the hemorrhage in an aggravated form, but also renders the part intolerant of subsequent pressure. Again, it may occur to some (especially to those who are still influenced by the old school theories) that an increase of the proportion of fibrin might be effected by induced or accidental inflammatory action in some part of the system. That this inflammation, along with its revulsive action on the source of hemorrhage, would increase the fibrin, either positive or relative, to the red corpuscles in the circulating fluid, diminish the serum, augment the tendency of the red corpuscles to aggregate, increase the colorless or lymph corpuscles in number, which in an inflammatory action not only aggregate but also adhere to the sides of the vessels, thus increasing the tendency to the spontaneous formation of dense coagulæ, a result most admirable as well as desirable and opportune. But here, as with the actual cautery, those who will reason thus will be foiled in taking advantage of this effect with a view to hemostatic ends, by the great hazard to which the patient is exposed by increasing the irritability of the general circulation, rendering the inflamed part another source of hemorrhage, and in short by augmenting the chances of the most untoward casualties in such a system.

Finally, let me say that, in treating this class of cases, reference should always be had to ulterior results, as well as to procuring present relief. Let the mode of treatment and particular medication be carefully, and not hurriedly, selected, and then let it be persisted in till satisfied that no further advantage can be gained from its use.

In some cases the hemorrhage may go on *ad deliquium animi*, but subsequently the great pallor of skin, lips, and gums, show the fearful effects of the loss of blood.

In other cases, as a last resort, it may be expedient, when all other means and appliances have failed, to make

an additional wound, and perform the operation of Transfusion. A case is reported (29 years ago) by Mr. Lane, in the *London Lancet*, who performed the operation of transfusion upon a lad who exhibited this hemorrhagic tendency, and was reduced to the most *extreme state of anæmia*—threatening immediate dissolution—from a trifling surgical operation. The boy soon revived, and ultimately recovered. In desperate cases the patient sinks from exhaustion of vital forces consequent upon loss of blood, either in its totality or of some indispensable portion of it. Here the patient lies exhausted, his strength gradually yields, the circulation flags, the temperature decreases, the extremities grow cold, the senses become dull, the features rigid, the eyes glazed, the limbs outstretched. The operation of transfusion cannot, of course, enhance the danger, nor does it even accelerate the fatal termination. And it must be of infinite service in such extreme cases of this blood dyscrasia, according to the facts and recent experiments published on the subject of Transfusion, by Mr. Frese, in Virchow's Archiv,—*Allgemeine Medizinische Central Zeitung*, in 1868. And in an intractable hemorrhage in this diathesis, temporary relief, and even final safety, may be secured by such infusion of new blood and new life into the exhausted system of the patient. This small addition of vital force may turn the evenly-balanced scale in favor of life, much to the gratification of the friends, and to our own credit.

CASES OF INTERMITTENT FEVER SUCCESS- FULLY TREATED WITH THE FUNGUS OF WHEAT STRAW.

BY J. H. MARSDEN, A.M., M.D.

It may seem to many a superfluous work to add to the remedies which have been employed for the cure of intermittents. Their name, it is true, is already legion. We

are told, better thoroughly study our old and well-tried medicines so as more fully to understand their powers, and thus be able more successfully to apply them and to extend their application. This is, indeed, to a certain extent at least, good advice. We would be very sorry to discard our old and faithful friends who have stood by us in many an anxious hour, and helped us through many a perplexing difficulty. But upon the whole, it is, perhaps, best to act as the wise householder who, it is said, "brings forth things new and old." When we consider the protean nature of intermittent fever, and how often we have been baffled in attempting to select the proper remedy, we cannot but welcome any additional resource though it be in the form of a new and comparatively untried agent.

At the meeting of the Cumberland Valley Homœopathic Medical Society, held in Carlisle, Pa., November 2, 1869, I had the honor of reading a paper upon the "Effects of the Fungi of Wheat Straw upon the Human Organism."* In that paper I endeavored to point out the very close resemblance between the symptoms produced by that agent and those of intermittent fever, especially when that disease recurs after being suppressed for a time by quinine or some other drug. I adverted to the probability of its being found useful in the cure of that disease, at least in some of its many phases. Up to that time, however, I had enjoyed no suitable opportunity for testing its powers, but within a few days after my return home, the following case occurred.

November 10th, 1869, John Stouffer, a young man of German descent, about 25 years of age, applied to me for medical treatment, detailing his case substantially as follows. He is by trade a miller, had been employed in a mill near Chicago, Ill., a locality free from intermittents. He came home on a visit to his parents who reside in this

* Hahnemannian Monthly for January, 1870, p. 209, *et seq.*

vicinity, travelling by way of St. Louis, Missouri, thence up the Ohio River to Pittsburg, and thence by way of Harrisburg to the residence of his parents. On his way between the two last-named cities he had a chill on the 27th of September. I neglected to inquire of him whether this was followed by fever and sweating or not. At any rate he thought he felt nothing more of it till about six days after, when regular paroxysms set in, occurring every other day. After experiencing these for about a week, he was put under a feather bed and his person enveloped in cotton batting so as to produce the most copious and long-continued perspiration. The chills then left and did not return till a few days before he first came to my office. His paroxysms had all along been of the tertian type. He stated that the chill he had the day before I first saw him, had been the most severe he had experienced, at least since his relapse. The chilly sensation was first felt, upon the invasion of the paroxysm, about his ankles, thence rose through his lower limbs and along his back; great thirst during chill which continued also through the febrile stage; felt *slight nausea* but never vomited; *oppression of the chest*; feeling of weariness in the knees; severe headache, which did not entirely leave during the apyrexia; this he described as a pain "darting from temple to temple." The fever he represented as of a high grade and followed by the most *profuse perspiration*, so that by morning his clothing was quite wet. Excepting some slight remains of the headache and some feeling of lassitude, he represented himself as being well during the apyrexia. Even then, however, he wore that sickly aspect which the experienced physician at once regards as indicative of suffering from intermittent fever.

In this case, the headache, slight nausea, oppression of the chest, feeling of weariness in the limbs, and above all, the *excessive perspiration*, led me to think that here, if anywhere, the straw fungus might be of service. Accordingly I gave the patient a few powders of the 1st dec.

trituration of a parcel collected upon my wheat screen, the activity of which I had experienced in my own person. These he was instructed to take dry upon the tongue every two hours, and report to me on the morning after his next paroxysm.

Report.—Chill came on later in the day, was shorter in duration; febrile stage also shorter; sweating stage *entirely absent*. I directed him to continue medicine and report as before. At the next report he represented the paroxysm as still lighter and shorter, and the sweating stage still wanting. My impression has been, that the patient had but two paroxysms after taking the medicine, and they were both greatly modified; he also spoke of his appetite and general health as being greatly improved even before the chills finally left him. Upon consulting my notes, however, which I made at the time, I find I have omitted to enter the exact number, but I am certain they did not exceed three, and the last was so slight as scarcely to be noticeable.

In the proving of the fungus, *profuse* and *long-continued perspiration* seemed to be a characteristic symptom, and it is somewhat remarkable, that in the foregoing case, this symptom, which was also therein a prominent one, was the first to disappear,—was, indeed, at once wiped out.

I am fully aware how little influence a *single* successful case should have in establishing the reputation of a remedy in any given disease. I once cured a very obstinate intermittent with canchilagua—there could be no reasonable doubt of its efficacy in that case—but I never succeeded in curing another with the same drug, although I more than once tried it thereafter.

Since writing the foregoing, however, I have had an opportunity of treating another patient with the fungus of straw, which I beg leave here to report:

CASE II. H. G., a boy, in his eleventh year, resident near the city of Baltimore, was attacked at his home with intermittent fever near the beginning of October,

1869. Several others of the family had the disease at the same time. They all took "Ayer's Ague Cure," which seems to have arrested the chills in all the others, but only temporarily suspended them in this patient. The paroxysms in his case had generally been of the quotidian type, and when interrupted returned at seven day periods. He was finally sent by his father to the care of some relatives residing in the upper part of this county, in what is known here as the "Quaker Valley," a beautiful vale or gorge situated between spurs of the South Mountain. Here he arrived on the 1st day of December, had no chill on the 2d, but the usual paroxysm on the 3d, from which time it occurred daily without interruption till I saw him. It was but a few days after his arrival here that a young man, a relative, called at my office to state his case and procure medicine for his relief. From all I could learn on this occasion, I was induced to prescribe *Ars. alb.* After he had taken this for a few days I was informed by letter that he was no better, and I was desired to call and see him. This I did as soon as practicable, but being obliged to diverge from a direct course to see another patient, it was sundown on the evening of the 13th of December when I reached the place of the patient's temporary abode. Having nine miles to return home on horseback, with very bad roads and a dark winter's night before me, my examination of the case was more hurried and less satisfactory than I intended it should be. His supply of medicine had been exhausted for several days, without any perceptible change in the paroxysms. The chill came on about 11 o'clock A.M., apparently with nausea and oppression of the chest, and was followed by a high grade of fever attended by delirium. Perspiration *rather slight*. The appearance of the patient indicated great impairment of the health. The main features of the disease I did not think very characteristic of the fungus, and I hesitated to prescribe it, but finally concluded to do so. I was led

to this decision, I think, mainly by the great cerebral disturbance during the fever.

As the symptoms here did not so closely correspond with those of the fungus, the result in this case was not so prompt as in Case I, yet, I think, in tracing the future course of the disease, I can very distinctly see the footprints of the remedy. I did not visit the patient again after this first and only interview. The treatment was thenceforward carried on entirely through the mail, which is very circuitous, and was, therefore, conducted under very disadvantageous circumstances, the supply of medicine being sometimes exhausted before another reached him. The prescription was 1 gr. 1st dec. trit.* of the fungus of wheat straw, to be taken dry upon the tongue every two hours during the day. The patient may have taken one or two doses upon the evening of the 13th of December, but began to take the remedy in earnest on the morning of the 14th. His uncle, with whom he stayed, an intelligent Englishman, reported to me his case as often as he thought proper. The chill and fever on the 14th are represented as being about the same as before—the *perspiration greater*—this latter, *probably*, the primary action of the drug. Of the 15th I had no report.

On the 16th the patient is said to have had the most severe chill since he had been at the house of his uncle. This, I think, there can be little doubt, was a medicinal aggravation. 17th. Chill *shorter* to-day, lasting only about 30 minutes (I believe it usually lasted one hour); other stages not reported. 18th. Patient not heard from. 19th. Chill very slight, but followed by considerable fever with delirium. I have been informed by letters from the patient's uncle subsequent to this date, that the paroxysms gradually declined from the 19th, and became finally a mere oppression of the chest for a short time, as evinced

* I am inclined to think a more attenuated form of the drug would have done better in this case.

by dyspnœa, about the hour of the previous accession of the chill. The last of these abortive paroxysms appears to have been on the 29th of December. In a letter dated the 27th of February, 1870, I am informed that the boy left the house of his uncle very shortly after the cessation of the paroxysms, and soon returned home to his father's house near Baltimore; that he had been regularly heard from; had had no chill since his return; had been seen by his uncle about two weeks before the last mentioned date, and was then rapidly regaining his healthful appearance.

Before dismissing the case a few additional remarks seem to be demanded. It may appear to some that the cure was spontaneous, or brought about solely by the influence of climate. I have often watched the course of intermittents here, that have been generated in other places, and when not interfered with they seem to be of indefinite duration—they last till they wear out. Such was once my own personal experience. But in the present case the disease seems to have been almost immediately modified, first by increased perspiration, which from my notes appears to have continued, and secondly, by a manifest aggravation of all the symptoms, followed *immediately* by a gradual decline until they entirely ceased. I am assured no other medicine was taken after the patient came under my treatment. Again the paroxysms had been twice arrested, while taking "Ayer's Ague Cure," but speedily returned;—since arrested under the use of the fungus they have not returned. Nor can it be said that this is owing to the season; for relapsing agues occur again and again just as readily in winter as in summer.

If the minute microscopic fungi play as important a part in the *production* of disease as it is believed by many they do, are they not likely to furnish also remedial agents of equal power and efficacy in the *cure* of disease. This supposition is in exact accordance with a beautiful arrangement of Divine Providence, which often places bane and antidote side by side. The *ustilago madis* has re-

cently been proposed as a valuable remedy in uterine hemorrhage, and the ergot, the fungus upon the grain of rye, has long been known both for its pathogenetic and curative powers. It appears to me that an extensive field of investigation lies before the therapist in this direction, as yet almost unexplored. If any one feels disposed so far to humble himself as to try a new remedy proposed by another, I would furnish him with a sufficient quantity of that herein spoken of, to make a fair trial of its power. I would repeat, that it is in relapsing agues, characterized by *very profuse perspiration*, slight nausea, oppression of the chest, cerebral disturbance during fever, and great irritability of temper, I would be most hopeful of its success.

ILEO-COLITIS, WITH MALFORMATION OF THE INTESTINES, TERMINATING FATALLY.

(Read before the Boston Homœopathic Society.)

BY C. WESSELHOEFT, M.D

As the monotony of cures and recoveries is at times interrupted by saddening terminations of disease in our daily routine, it is well occasionally to interrupt the reports of favorable terminations and excellent cures by cases of the opposite kind, the knowledge of which, though it may leave us as helpless as before, may yet give us consolation, if not wisdom.

December 4th, 1869, saw J. J., a boy aged 13, slender and rather feeble; had eaten too much ever since Thanksgiving, especially mince pie; but seemed well. On Sunday (six days ago) ate a large meal of turkey, and is sick since Thursday, Dec. 2d. Tongue white, dry, little thirst; belly hard, not tympanitic, but sensitive; offensive breath; restlessness; pulse rather accelerated but full; entire loss of appetite; no fecal discharge for two days, but bowels had moved daily up to that time. *Nux v.*²⁰⁰ in water, 4h.

Dec. 6th. Vomited four times, dark green matter; constant nausea; tongue white, dry, and more thirst. Ileocæcal region tense, sensitiveness greatest just beneath umbilicus; restless night. Ars. in water, 3h.

Dec. 7th. Slept better last night, two hours at a time; also in the afternoon, sleep was calm. Vomited three times, brownish, of fecal odor; yellowness of face, and yellow coating on tongue; thirst considerable; constant pain below umbilicus, apparently aching; patient still evinces no great distress, looks bright, and has no febrile symptoms; skin cool, mind cheerful, with inclination for food. (Prognostic signs contradictory.) Allowed very little weak chicken broth. Sulph.²⁰⁰, one dose.

Dec. 8th. Vomited only once; slept very much better; night very comfortable; feels stronger; much less pain; tongue still yellow but moist; jaundice much lessened; relishes the broth. Sac. lac.

Dec. 9th. Feels better in general; night quite comfortable; desire to eat; nevertheless vomited twice, brownish, and of fecal odor, with eructation of foul air preceding the vomiting; groans sometimes like a woman with feeble labor-pains; condition of abdomen as above. Ars. in water.

Dec. 10th. Vomited twice since yesterday, brown, offensive; tympanitic abdomen; pains darting downward; is hungry; relishes chicken broth well, takes a tablespoonful at intervals; tongue still moist; slept very well last night; pulse 104. Same med.

Dec. 11th. Felt better yesterday afternoon; had a very good night; vomited three times; quite relieved in the intervals; pulse 100-4; pains are burning, but less frequent; seems feeble. Bell.¹⁰, in water.

Dec. 12th. Frequent vomiting (nine times), but slept afterwards; skin rather too cool; pulse 100-4; frequent nausea; drinks frequently; pains now infrequent; great relief from vomiting; still relishes chicken broth well, had taken more of it and oftener, hence more frequent vomiting; ordered less broth. Bell.²⁰⁰, in water.

Dec. 13th. Less nausea, vomited only three times; less pain; slept very well till 2 o'clock A.M.; appetite good (!); abdomen tense; very slight perspiration. Same med.

Dec. 14th. Quiet night; vomited twice, fecal fluid; slight pain; very slight discharge of flatus. Sac. lac.

Dec. 15th. Quiet night; inclined to sleep more in the daytime, for two hours at a time; vomited three times; *pain in the bowels more towards the right, sharp*; tongue appears cleaner; appetite good, talks much of eating; relishes broth well, but there is no decided progress toward improvement; the tenderness, hardness about the hypogastrium, and tympanitis continue. Phosph.²⁰⁰, one dose.

Dec. 16th. More feeble; coldness of the hands and feet; said he was going to die; countenance sunken and pale. Phosph. in water.

In the afternoon there was no change, except greater weakness, and feebleness of pulse. The patient died about six o'clock next morning.

Aside from many symptoms peculiar to inflammations of abdominal organs, there were many other contradictory features in the case which rendered an exact diagnosis difficult, except that we knew we had to deal with intense inflammation of the ileo-cæcal portion of the intestines, and that there was an obstruction, whether owing to intussusception, constriction, or fecal accumulation, which could not be decided. Under tolerably well-conducted homœopathic treatment such cases ought not to end fatally; and in fact Arsen., then Sulph., and lastly Bell., produced such marked improvement, each in its turn, that the curative tendency became very apparent several times, so that under ordinary circumstances, we would have been justified in predicting a favorable turn in the course of the disease; but it was not to be; some inexplicable cause seemed to be present, and an autopsy was requested, and permitted. The following is the result:

Assisted by Dr. W. P. Wesselhoef, the abdominal cavity was opened twenty-four hours after death; the

intestines protruded much through the incision, being highly inflated with gas; bladder filled with urine (which had passed naturally and without complaint during sickness). Omentum slightly injected, not adherent; peritoneum extensively inflamed and discolored; much adhesive inflammation and purulent fluid among peritoneal folds. The rectum was ligated low down below the sigmoid flexure, and with some difficulty the large intestine was separated, which, though not inflamed itself, was in many places firmly held down by adhesions; it was very much contracted in calibre, and quite empty. Cæcum and vermiform appendix, contrary to expectation, were very little congested; but just above the ileo-cæcal portion, extending up the ileum about fifteen inches, the structures were very gangrenous and friable, the gangrenous appearance extending quite into the peritoneal fold forming the suspensory support of the bowel. But the remarkable feature of the case was, that the most diseased portion of the intestine exhibited abnormal formation, presenting a pouch or cul-de-sac about four inches in length, and three-fourths of an inch in diameter, inserted into the ileum nearly ten inches above the ileo-cæcal junction. Just below this accessory pouch the calibre of the ileum was much contracted, scarcely permitting the insertion of the point of the forefinger; the gut was nearly empty, containing only a little thin brownish fecal fluid, like that vomited during life. There was no trace of fecal accumulation, intussusception, or other obstruction, besides that occasioned by the narrowness of the ileum. It did not appear as if this narrowness or constriction could have occurred during this sickness, the rugæ of the bowel appearing normal, even in the contracted portion, while the external surface, though dark and gangrenous like other portions of the bowel, was smooth; neither was there any evidence of disease in the bowels during life, before his sickness. The interior of the abnormal pouch presented precisely the appearance of the rest of the intestine, viz.,

of parallel rugæ of mucous membrane; hence it could scarcely have been a hernial pouch, caused by suppuration or other destruction of the several coats of the bowel. Be this as it may, it seems probable that this portion of the intestine was more prone to inflammation than any other, and that owing to the abnormal structure an impediment existed to a favorable termination of the inflammation.

CLINICAL CASE.

BY EPHRAIM W. SOUTH, M.D.

WAS called June 16th to see Mrs. P., age 35, of nervous temperament, dark hair and eyes, who complained of rumbling in abdomen immediately after eating, accumulation of wind and "sick feeling" in stomach, only slightly relieved by eructation; nausea; constant inclination to go to stool, with constipation; appetite poor; great languor; very sensitive to cold air; perspires much when thinking of her ailments; menses very tardy and dark. She was evidently in a very nervous state, fearing constantly lest some imaginary disease would set in from which she would not recover.

On further inquiry I found she had enjoyed usual health until about a year ago, when she became indisposed, and called her physician (an Allopathist) to relieve her, which, after several months' trial, he failed to do; and another of the same school was called, who also failed, but ordered "magnesia" for her bowels, and "Hoffman's anodyne," "to quiet her nerves." She had taken this last so long that in order to keep up its action, the dose had been gradually increased, until at this time she was "taking several spoonfuls daily."

I ordered her to take no medicine of any kind, except what I gave, and prescribed *Nux vom.* 2°.

I was somewhat surprised to meet her in the street the

next morning, when she informed me that she had told me wrong: that it was diarrhœa *she feared* instead of constipation. I reassured her, but such a hold of her did this idea take, that for more than three months she labored under it incessantly during her waking hours.

19th. Called and found the desire to go to stool greatly relieved, but she remained in a very nervous state, complained of feeling weak: she evidently was feeling the loss of the "anodyne" she had been taking. *Sac. lac.*

20th. Was called at midnight by her husband, who said I "must come at once and give her something to quiet her, or she would go crazy."

On entering her chamber I found her sitting up in bed in almost a nervous frenzy. I administered coffea 2°; one powder dry on tongue. In a half-hour she became more quiet, and lying down said she thought she could now sleep.

21st. Called and found her in a comparatively quiet state. *Sac. lac.*

24th. But little change; she seemed rather reticent. *Nux vom.* 2°.

28th. It was evident from her manner that some mental trouble was weighing upon her. In reply to one of my questions she replied, "Doctor, I have such awfully wicked thoughts about myself; the evil one is tempting me fearfully." I at once suspected suicide, and before I left her administered a dose of Aurum 2°; being fearful if I left it to be taken she might conclude to lay it aside.

As I passed down the street I met her husband, and intimated that it would be well not to leave her alone. A few hours after, when home to dinner, what was his consternation when she revealed to him the fact that she had that morning before my call procured a bottle of laudanum with the intention of taking it "to end her miserable existence," for, said she, "I can never get well; I have told the Doctor wrong." This was the constant burden of her song. After my visit she felt more calm, and her husband

coming in at this opportune moment she disclosed the matter as above stated.

July 1st. More composed; on a closer examination I found she attributed her first indisposition to getting her feet wet during the menstrual nixus, which caused a temporary suppression, and since which she had not been regular; internal chilliness, bad taste in mouth in morning, bowels regular, appetite better, nausea, pulse regular but feeble. Puls. 2°.

14th. Better both mentally and physically, but still thinks she "told the Doctor wrong;" menses only twenty-four hours late and more natural. Sac. 1.

August 2d. About the same as last date. Puls. 15^m.

16th. Much better, but little chilliness; feels stronger; menses "on time" and natural color; nausea still the same. Ipecac. 2°.

September 2d. Stronger; appetite improving; still complains of nausea. Ipecac. 6.

30th. Nausea more constant, but better every other way. Ipecac. 1^m.

October 14th. Improving. Sac. 1.

28th. More nausea, and an occasional deep-drawn sigh. Ignat. 2°.

November 5th. Gaining flesh and strength; slight nausea; looks much better. Sac. lac.

20th. Nausea once since last visit. Ignat. 2°.

December 10th. Enjoying better health than for a long time, which up to this time, April 20th, 1870, continues.

I am disposed to publish this case as its conditions throughout seem rather novel, and if by so doing I encourage perseverance in the treatment of what are called "troublesome cases" I shall be well repaid. I am convinced that the great majority of her ailments came not from disease but from the drugs she had taken under *scientific* advice.

BAPTISIA TINCTORIA—A CLINICAL PROVING.

BY J. C. CUMMINGS, M.D.

IN treating a little girl for inflammation of the lymphatic glands of the right side of the neck, I obtained the following pathogenetic effects from baptisia :

She had a dry, brown tongue, red around the edges, low fever, and other typhoid symptoms, for which I gave her seven drops of the tincture, in a half-tumbler of water—a teaspoonful every three hours.

After taking the medicine twenty-four hours, *she cried with a pain in her right hip*, and said *she could not walk*; and when taking a teaspoonful of the medicine she cried, and said *she could not swallow*. Her throat was not at all inflamed, and she had laid on her right side during the night. I discontinued the medicine, and she did not complain any more of her throat or hip, and had not complained of either before taking baptisia.

I notice in the *Hahnemannian Monthly*, for December, 1869, that Dr. H. N. Guernsey says: "The inability to swallow anything but liquids," is only a clinical symptom of baptisia.

FRAGMENTARY PROVING OF ACIDUM PHOSPHORICUM.

BY DR. HEINIGKE, OF GERMANY.

(Translated by Samuel Lilienthal, M.D.)

IN the last week of May, I took two or three times a day, five drops of phosphoric acid mixed with some water. Business of importance during the same week prevented me from taking a strict account of the symptoms; and the only thing observed was an unusual constipated state of the bowels, with inclination to stool and still an impossibility to pass anything, whereas, I am usually rather

troubled with looseness of the bowels. On the evening of the eighth day, although taking no medicine any more, my sufferings began and lasted for fully two months.

Let me remark, especially, that I have never suffered in all my life from rheumatic or gouty affections of the joints, and that my mucous membranes are, as a rule, the parts affected, when catching cold.

1. On the 31st of May, in the evening hours, a sensitive pain began between the two shoulder-blades, of a boring and drawing kind, followed by restless sleep. On the 1st of June, in the morning, the pain had seated itself in the left shoulder-joint, and remained there steadily for eight long weeks. Increasing daily it seemed to have reached its intensity on the 15th of June, was boring, drawing, digging, and showed a strong remitting, nearly intermitting character. It waked me out of my sleep about two or three in the morning, and I could not sleep again. The axillary and radial nerve seemed most affected; slight pressure in the axilla produced no change; lying on the left side aggravated the pains; amelioration by and inclination to move the shoulder and arm; slight amelioration by raising the arm over the head; I felt worse when the circulation was impeded, and easier by its natural flow. It became nearly unbearable during perfect rest, and kept on till about 8 A.M., when it eased up a little; from 2 to 4 P.M. (during digestion) aggravation again, then exacerbation during the evening, after having remitted somewhat during the hours from 4 to 7 P.M. Beer and wine increased the pains, motion in fresh air ameliorated. The bones of the joint seemed not to be affected, the pains appeared to be seated in the nerves. For three weeks I stood it patiently, but as no relief came I looked out for antidotes. *Rhus.*¹² helped for a day or two, so that I could sleep a little, and then ceased to act. *Bryonia*¹² did nothing at all; *arnica* and *ignatia* only a little; but *cocculus*¹², some globules in water, brought relief. I could fall asleep at night, and though pains waked me up in the morning I would doze off again. After three days, *cardialgia* set in. I omitted the antidote, and my pains on the 10th of July, though less, were still troublesome enough; I tried now *ferrum met.*², as much as could be laid on the point of a penknife three to four times a day, and it gave me relief, but as soon as I omitted, the pains returned; I therefore alternated the *cocculus* with the iron, but even during

August the radial nerve on the left hand felt numb and as if paralyzed. 2. On the lower extremities I observed slight swelling of the feet with burning of the soles; paroxysmal tearing and painful drawing in the course of the n. plant. ext. of the right foot. 3. A severe bronchitis, capillaris perhaps, which I cannot ascribe to any other cause. This happened in the middle of June; fever for three days with evening exacerbations; dyspnoea; pressing pains under the sternum, followed by frequent sneezing; great thirst; severe coryza; all secretions showed more a puriform than muco-serous character. 4. A few furuncles on the left side of the chest and back. 5. Urine copious and clear during the days of proving; during June and July remarkably dark and muddy. I neglected to examine it carefully. 6. In spite of all the pains my mind was during the whole month of June clear and bright, only in July I felt some general depression.

A. H. Z., Nov., 1869.

THE LIMIT OF ATTENUATION.

BY PEMBERTON DUDLEY, M.D.

(Read before the Philadelphia County Medical Society, May 12th, 1870.)

If there is any limit beyond which the attenuation of a substance cannot go, such limit will doubtless be accepted generally as determined by the size and number of its indivisible particles. Our inability to detect the presence of extremely minute quantities of matter (not from any presumed inefficiency on the part of our chemical and physical tests, but solely because of the weakness and imperfection of our methods of observation), has of itself led many scientists to the conclusion that the ultimate atom is too small for our conception; and because of this property, together with its assumed hardness, its indivisibility, its attractive and repulsive powers, &c., it has been turned over to the tender mercies of the metaphysicians, as a fugitive from the realms of the "unknowable."

Of late, however, some efforts are being made to ascer-

tain, approximately at least, the actual size of these infinitesimally small bodies (and strange to say the effort is *not* being made by Homœopathic physicians), with what result will be shown somewhat in this paper. As some statements in reference to the subject have appeared in our current periodical literature, it is not improbable that attempts may be made to show by these statements the absurdity of attenuating medicines. I purpose, in advance of these attempts, to present some of the facts, and make such comments thereupon as may seem to be required in the interests of science. And let me say first that in doing so, I shall not purposely either misstate the facts or misconstrue the principles of physical science—not even for the love I bear to Homœopathy.

“More than thirty years ago, Cauchy startled the scientific world with a ‘wild proposition’ that the familiar colors of the spectrum prove the sphere of sensible molecular action in transparent liquids and solids to be comparable with the wave-length of light.” Quite recently, Sir William Thomson, in a paper on “The Size of Atoms,” published in *Nature*, after mentioning this fact, says: “The thirty years which have intervened have only confirmed that proposition. They have produced a large number of capable judges, and it is only incapacity to judge in dynamical questions that can admit a doubt of the substantial correctness of Cauchy’s conclusions.”

The writer above-mentioned, in endeavoring to demonstrate the size of atoms, makes use of four different lines of argument, all of them approximating the same result. In the first of these he merely gives the results of Cauchy’s mathematics, concluding with the assertion that “optical dynamics leave no alternative but to admit that the diameter of a molecule, or the distance from the centre of a molecule to the centre of a contiguous molecule in glass, water, or any other transparent liquid or solid, exceeds one ten-thousandth of the wave length, or one two-hundred-millionth of a centimetre.”

The second argument is based upon the following well-known facts and principles of physics:

1. The force of attraction between molecules is inversely proportional to the square of their distance asunder.

2. Attraction, like other forms of force, is susceptible of being expended in the development of heat.

3. The heat developed in molecular combination is generated by the force of attraction exerted between the molecules.

The proposition which he endeavors to demonstrate from these premises, may be substantially stated as follows:

The quantity of heat developed by molecular combination measures the intensity of the attractive force exerted, and thus indicates the distance between the molecules at the moment of combination.

Take 50,000 plates of zinc and 50,000 plates of copper, each one centimetre square and one hundred-thousandth of a centimetre thick. Arrange them alternately parallel to each other, at a distance of one hundred-thousandth of a centimetre apart. Connect them by a fine wire, and they will be found to manifest an attractive force of 200,000 grammes exerted through a distance of one hundred-thousandth of a centimetre; equal to 2 grammes exerted through a centimetre; or, to state it dynamically, 2 centimetre-grammes. The entire mass of metal will weigh 8 grammes; so the work done by the series equals one-fourth of a centimetre-gramme per gramme of metal. According to Joule's dynamical equivalent of heat, this amount of work could develop heat enough to warm the metal $\frac{1}{16120}$ th of a degree, centigrade.

Now diminish the thickness of the plates, and of the spaces, from $\frac{1}{100000}$ th to $\frac{1}{100000000}$ th of a centimetre; we thus diminish the distance one thousand fold, and increase the energy one thousand times one thousand fold, sufficient to raise the temperature of the metal to 62.42 de-

grees. If we again diminish the thickness of the plates and spaces to one-fourth their present dimension, we obtain energy enough to raise the temperature to 999 degrees, centigrade; "more than would be developed by these metals in entering into chemical combinations."

"Were there anything like so much heat of chemical combination as this, a mixture of zinc and copper powders would, if melted in any one spot, run together, generating heat enough to melt each other throughout; just as a large quantity of gunpowder, if ignited in any one spot, burns throughout without fresh application of heat. The attraction exerted between the molecules must be insufficient to develop such an amount of heat, showing that even in a chemical combination the molecules do not approach within a 400,000,000th of a centimetre, if indeed such thin plates could be made without splitting atoms."

Sir William's third line of argument depends upon the contractile force of a film of water (a soap bubble, for instance), which experiment shows to be about 16 milligrammes weight for each millimetre of breadth. Hence, the work done in stretching a film is 16 millimetre-milligrammes for each square millimetre added to its area, provided the film is not so thick (nor so thin) as to lose its contractile force sensibly. During the extension of the film the temperature falls rapidly, and about one-half as much more energy in the shape of heat must be added, to compensate for this change of temperature, making in all 24 millimetre-milligrammes.

Suppose a film of water a millimetre thick. Each square millimetre of such a film will weigh 1 milligramme. Stretch it 10,001 fold. The energy expended will be 240,000 millimetre-milligrammes, equivalent to more than half a degree, centigrade. Apply 2000 times more energy, and stretch it to the thinness of $\frac{1}{20000000}$ th of a millimetre. The work done will be equivalent to 1130 degrees, centigrade, more than enough to convert it into vapor. Under any supposition, "there can hardly be any

falling off in the contractile force of the film, so long as its thickness equals the diameter of several molecules." But as the film must fall off greatly in its contractile force before this point is reached, it is therefore probable that there are not several molecules in the thickness of $\frac{1}{200000}$ th of a millimetre of water.

In the fourth place, Sir William argues from the kinetic theory of gases, to show that "the diameter of a gaseous molecule cannot be less than $\frac{1}{500000}$ th of a centimetre, nor the number in a cubic centimetre of the gas, at ordinary density, greater than 6000,000000,000000,000000."

The densities of known liquids and solids are from 500 to 16,000 times greater than that of atmospheric air at ordinary pressure and temperature. Therefore the number of molecules in a cubic centimetre may be from 3,000,000,000000,000000,000000 to 100,000000,000000,000000,000000.

(It will be observed that no sooner do we step outside of medical precincts than we discover that our best scientific minds have no difficulty whatever in recognizing and appreciating the importance of infinitesimal quantities of matter. It has remained for their value to be decried, and even their very existence ignored by such philosophers as were gathered a few days ago in our National Capital, and amazed and humiliated even their friends with their effete vaporings, and their stupendous self-esteem—those "wise men" who "utter vain knowledge, and fill their bellies with the east wind," that they may meet annually in solemn conclave to disgust the mental olfactories of mankind with one monstrous carminative.)

In concluding his paper, Sir William Thomson says: "The four lines of argument which I have now indicated lead all to substantially the same estimate of the dimensions of molecular structure. Jointly they establish, with what we cannot but regard as a very high degree of probability, the conclusion that in any ordinary liquid, trans-

parent solid, or seemingly opaque solid, the mean distance between the centres of contiguous molecules is less than $\frac{1}{10000000000}$ th, and greater than $\frac{1}{20000000000}$ th of a centimetre."

Now before proceeding to offer any comments upon Sir William Thomson's paper, let us see how far his conclusions will accord with our views and practice, respecting the attenuation of drugs for medicinal use. Taking the smallest of the dimensions given above, as representing the size of ultimate atoms, the $\frac{1}{20000000000}$ th of a centimetre, we shall find a cubic centimetre to contain 8000 million, million, million, millions of atoms, even admitting a cubical arrangement. But supposing them arranged more in accordance with their assumed spherical form and the laws of attraction, it is safe to estimate the number of atoms at 10,000 million, million, million, millions.

This number is represented by the numeral "1" with 28 cyphers annexed. If we attenuate this entire mass, each cubic centimetre of the first centesimal attenuation will contain a number of atoms represented by 1, with 26 cyphers; the second by 1, with 24 cyphers; and so on to the thirteenth, which will contain in each cubic centimetre 100 atoms, and the fourteenth, 1 atom. In the fifteenth, *one* cubic centimetre will contain 1 atom of the original drug, and the remaining portions will contain none at all. It is plain then, that if our author's conclusions be correct, it is unphilosophical and absurd to run our attenuations of medicines higher than the fourteenth centesimal, unless the medicinal properties of a drug can be imparted to the attenuating vehicle; a proposition exceedingly difficult to prove or to believe in.

It would be extremely unwise to adopt the conclusions of Sir William's paper, under any circumstances, without having first subjected them to the most rigid scrutiny. It will be observed, at first glance, that his arguments are of two different kinds. The first and fourth are drawn from premises obtained, not from the storehouse of facts, but

from two of the most tottering assumptions of physical science. The first from the undulatory theory of light; the other from the kinetic theory of gases; neither of which can withstand the test of phenomena already brought to bear against them, though they may be the best as yet devised. It is extremely doubtful, if we ought to accept an argument drawn from a mere hypothesis, without the greatest caution, even though its conclusions might not be found to contradict the assertion of known facts, as in the present instance.

Dismissing therefore his first and fourth arguments, let us glance briefly at his second and third. And these we find are of a totally different character, deriving their support not from theories, but from facts.

In the second argument, that in which he uses the illustration of the zinc and copper plates, he assumes that *all* the attractive force exerted between the molecules is converted into sensible heat. If this be true, whence comes the force used in *holding* and retaining the substances in chemical combination, and the force manifested in the *cohesion* of the combined atoms? This force evidently has not been converted into heat, or it would have been dissipated by radiation or conduction, as the temperature of the mass fell to its original point. The question now is, how much of the molecular force exerted is stored up in the mass of metal, maintaining the cohesion of its particles? Let us see!

The molecular union of the 100,000 zinc and copper plates, each 1 centimetre square, must result in the production of a bar, 1 centimetre square. The measure of its cohesion is the force or weight required to rend it asunder by traction, made in the direction of its length. I know of no alloy composed of zinc and copper, in equal proportions, and cannot ascertain, therefore, what the tensile strength of such a bar might be. Let us assume then, that *our* bar is made up of 100,000 plates of tempered steel, each 1 centimetre square. This substitution is per-

fectly justifiable, since Sir William states that if all the plates are composed of the same metal, the attraction is manifest in a much less degree, requiring to be connected with a galvanic battery, and submitted to three-fourths of the electro-motive force of a Daniel's element, in order to manifest an attraction equal to the zinc and copper plates. Moreover, the zinc and copper plates have to be connected by a fine wire before they will exhibit their mutual attraction, thus evidencing that our author has been arguing from a basis *not* of molecular, but of *electrical* attraction, a very different thing.

Let us then return to our bar of tempered steel, 1 centimetre square. Such a bar has been known to sustain a weight of about 10,000 pounds. So the working energy manifested by the cohesion between any two contiguous plates is 10,000 pounds exerted through $\frac{1}{40000000}$ th of a centimetre, the distance between the plates. This force must be repeated 100,000 times before the bar is again divided into plates, and all its cohesive force overcome. The entire amount of energy exerted in effecting it, is 1133 centimetre-grammes. The thickness of the plates being now $\frac{1}{400000000}$ th of a centimetre, this amount of energy, calculated according to Joule's dynamical, equivalent of heat, will be sufficient to raise the temperature of the metal 1124 degrees centigrade—just 125 degrees more than can result from *all* the molecular attraction between the plates, at a distance of $\frac{1}{400000000}$ th of a centimetre; affording conclusive evidence that the attractive force at that distance is not even sufficient to produce complete cohesion, and that in a chemical combination, the molecules must approach vastly more near to each other than the $\frac{1}{4000000000}$ th of a centimetre.

In the third argument, illustrated by the force used in stretching a film of water, Sir William becomes lost in the mazes. He follows his argument, so far as he can, then makes a long leap and—guesses at his conclusion. He says: "There can hardly be any falling off in the contrac-

tile force of a film of water, so long as its thickness equals the diameter of several molecules. It is therefore probable that there are not several molecules in the thickness of $\frac{1}{2000000}$ th of a millimetre of water." We might possibly reply to his argument; but to answer his guesswork, we confess ourselves totally incompetent.

A very important question for our consideration in connection with this subject is this: Is there in all created matter such a thing as an indivisible molecule—an atom? As chemists, we admit there *is*; as mathematicians, we insist there *is not*. Even at the first, Dalton did not propagate his atomic theory as the expression of an absolute truth, but solely as a method of explaining in general terms, a certain class of chemical phenomena. It has been since modified by Berzelius and others, until it has attained its present status in physical as well as chemical science. And yet it does not subserve all the purposes that were expected of it. Faraday was frequently obliged to thrust it aside, and pursue his investigations independently of its teachings. Besides, there are certain grave objections to it, of a more positive nature, that should be disposed of before men venture to build upon it such arguments as those of Sir William Thomson. For instance, if the ultimate molecules are hard, indivisible bodies, admitting of mutual approximation, but not of mutual contact, and if, as assumed, these atoms are forced farther apart by heat, how is it that heat so frequently aids both cohesion and chemical combination? Again, the space between the molecules must be electrically either a conductor, or a non-conductor. If a non-conductor, how is electrical conduction possible? If a conductor, how is insulation possible? These, and other questions of similar pertinence, have been asked a thousand times by chemists and others, but have never once been satisfactorily answered.

Finally, laying aside all argument as to obscure theories, we rest our claims for the efficacy of our attenuations

solely upon facts. "We speak that we do know, and testify that we have seen," and the question is, whether or not our senses have deceived us, or our observations been faulty? It may, with safety, be affirmed, that of all people on earth there are none who, as a class, cultivate such habits of close and careful observation as homœopathic physicians. And are we more likely to be at fault in this particular than those who so harshly judge us? And if we are unable to explain the wonderful efficacy of our highest dynamizations, are we still one whit behind men who utterly fail, with all their boasted learning, to comprehend either the action or the nature of the effects that result from their massive drugging?

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. MCCLATCHEY, M.D., SECRETARY.

THE May meeting of this Society was well attended—Dr. W. Williamson, President, in the chair.

The Committee on "Prevailing Diseases" reported, through Dr. Dudley, as follows:

REPORT ON PREVAILING DISEASES.

There is very little of special importance to communicate in reference to epidemics, not that there are no epidemic diseases prevalent, but because there are no new developments calculated to claim special attention in connection with them.

After a long immunity from variola, we again hear of some cases of this disease. Whether it is likely to become general in our city, during the present season, time only will tell. There is, doubtless, a large amount of material in our community upon which such a malady could exert its power, if circumstances should favor its general diffusion throughout our population.

The disease which claims perhaps the largest share of popular, if not of professional attention is, *Relapsing Fever*. On this point there is nothing new that your committee can state respecting treatment; most of the class of persons who seem most liable to the disease preferring "Old School" treatment, so that comparatively few cases have been treated on homœopathic principles. The district chiefly infected consisting of Alaska (formerly Bedford) Street, and one or two others in its neighborhood,

with the numerous lanes and alleys opening into them, have been taken in charge by the municipal Board of Health, and are now undergoing a process of thorough cleansing and disinfection, as are also the houses located upon them. This process seems already to have produced good results in checking the progress of the contagion. We have only to add that all homœopathic physicians, who have any valuable information on the subject of its treatment, should feel it a duty incumbent upon them to give the results of their observation and experience to the profession without delay.

We have to report no abatement whatever in the scarlet fever epidemic, which has raged in our city for some months past. Indeed, the rate of mortality from this cause is steadily on the increase, and this notwithstanding the fact that so much scarlet fever *material* has been already consumed. The average rate of mortality, for each month in the year so far, has been as follows :

January,	26.20 deaths per week.
February,	29.75 " "
March,	32.00 " "
April,	34.20 " "

And for the four weeks, which have elapsed since our last meeting, the average has been 38.25 deaths per week.

Dr. H. N. GUERNSEY thought that, so far as his observation had extended, the present epidemic scarlatina had commenced in the southwestern portion of the city ; had spread from thence throughout the city, and is now exerting its worst ravages in the northeastern section, viz., in Kensington.

Dr. Samuel R. Dubs was proposed for membership by Dr. Fellger, and elected under a suspension of the rules.

Dr. H. N. GUERNSEY made some remarks in reference to the report of the proceedings of the Society, as published in the May number of the *Hahnemannian Monthly*, in which it was stated that he had attributed the formation of the placenta to the omphalo-mesenteric vessels and circulation. He claimed to have delivered exhaustive and lucid lectures on the development of the placenta, and he certainly never taught any such doctrine as that. On the contrary, the placenta was developed from the *allantoid* vesicle, and the omphalo-mesenteric circulation had nothing to do with it, except as a forerunner. He stated that the Secretary had read to him the transcript from his remarks, as taken down at the time of the meeting, and he was perfectly satisfied with them, and was disposed to think that it was owing to a printer's error that he had been wrongly reported.

THE SECRETARY stated, in explanation, that it *was* due to a printer's error, the omission of a sentence of seven words being the cause of the misrepresentation.

Dr. PEMBERTON DUDLEY then read, as per announcement, an exceed-

ingly interesting and valuable paper, entitled "The Limit of Attenuation." [See p. 464.]

Dr. H. N. GUERNSEY remarked that he did not agree with Dr. Dudley when he said that his paper was not a practical one. He thought it eminently practical. He deduced from it that it demonstrated that the man who gives a dose of the two-hundredth gives a more powerful dose than he who gives the tincture. He did not like the terms "potency" and "dynamization" as applied to our preparations, preferring the term "dilution." He did not believe that the mere processes of succussion or trituration added anything to the medicinality of the drug so treated; but that the particles or *atoms* were set free, or divided up, and meet hosts and hosts of atoms of the human organism, and act with such force on them that patients sometimes say they cannot stand the effects of such medicines. He had, a short time ago, given a man a dose of Phosphorus 19^m, and he had said, "For heaven's sake don't give me any more of that medicine; I cannot stand it." You may take a piece of gold and hold it in your mouth, and, so far as we know, it will produce no symptoms whatever;—unless the increase of suicides can be attributed to the wearing of gold plates and gold plugs in the teeth;—but take a small particle of gold, and reduce it until you get it to the 30th attenuation, and what a powerful effect it exerts. So, too, with Silicia. In its crude state it has no effect if taken into the mouth, but when diluted to what we call the 30th, we all know what a powerful influence it can exert.

Dr. BUSHROD W. JAMES, Scribe, then made his usual monthly report, as follows:—

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

THOMPSON'S LITHOTRITE.—I have here an improved instrument for crushing calculi in the bladder. As it is not always expedient to perform lithotomy, crushing the stone by some such instrument as this becomes necessary. The mechanical parts of the instrument cannot be shown, as you observe; but its mode of use is this: The instrument, which looks like a urinary staff with a handle, is introduced into the bladder, when, by drawing upon the movable part of the outer end, you draw the crushing blade at the inner end away from the main one, leaving an expanded opening in the latter. Then by moving the lithotrite with a gentle sweep around in the bladder you catch a calculi, press the blade down on it, and by a graduated scale at the outer end of the crushing blade you see the size of the stone you have caught. Now, by turning the little wheel-shaped extremity, which is connected to a screw and the crushing blade, you crush the calculi you have caught in the instrument. Repeating the process, you can crush any remaining portions, although you should not keep the patient under the operation too long at one time.

HOLT'S DILATOR.—This instrument is used for dilating strictures of the urethra. The dilatation is forcible and quick, rupturing the sub-

mucous tissues or band, and but seldom breaking the mucous membrane itself; and as it does not cut, no blood of any moment is lost, and the danger that follows the use of the urethrotome from hemorrhage is avoided by this apparatus. It looks like a fine catheter inclosed in another, but you see the outer one is split all along each side up to near the inner end, and on the outer end has a loop and a screw to permit them to come apart, and each one has a flat handle which come together. Now, in using the instrument, insert it, closed, into the urethra, past the stricture. Then one of these hollow, large sized plungers is slipped over the catheter, and between it and the split-shield or covering before mentioned, and pushed quickly in, thus dilating and forcing this covering strongly against the urethra, and rupturing the stricture and submucous tissues; and then this little catheter in the instrument will draw off the urine, if required, without withdrawing the instrument.

REFLECTOR FOR SPECULUMS.—This handy little arrangement of Mr. Gemrig's, for keeping the light of candle or lamp from your eyes in examining the various passages with the speculum, consists of a spring clip for holding the candle, and a metallic semi-oval, small reflecting piece behind it, between the eyes and the candle. This can be slipped off, and the apparatus made more compact for carrying in the pocket.

HAY FEVER.—Dr. Cook, an allopathic practitioner, of Selma, O., who has been a great sufferer from this disease, claims that hay curing, or grass cutting has nothing to do with it at all; but that it is caused by the irritation produced on the mucous surfaces by the pollen of the rag-weed plant (*Ambrosia trifida*) which covers it profusely, and is wafted by the winds into the air in great abundance. It is a plant that grows very freely all over the country in rich districts, but not found in barren soil. Hence, patients afflicted with the malady can gain relief by going to the sea-coast, or on some rocky hill or mountain where the plant does not grow.

A PIN PERFORMS TRACHEOTOMY FOR ITSELF.—Dr. J. T. Cook, of Atkinson, reports a case of a little girl who swallowed a pin, and eight weeks after it had lodged in the trachea crosswise, it had formed a fluctuating tumor, which, on being incised, revealed the pin with head pointing outwards, and it was accordingly drawn out with the forceps.

DRUG MEDICATION DURING PREGNANCY.—It is a matter of important inquiry how far the fœtus is influenced by the anodynes and massive doses of drugs taken into the system of the mother during pregnancy, and how far the constitution of the child is impaired or affected by them. Bromide of Potassium is just now a fashionable remedy, and Chloral another in the allopathic school, and they both act upon the brain of the mother who takes them. Now is not the health of the fœtus and the subsequent infant affected to a certain extent by these drugs that pervade the system of the mother then, and even also in nursing. I believe serious results follow to the infant, and as homœopathic physicians do not

permit the use of such injurious preparations, I believe that the children of mothers who remain under good homœopathic care all the time will be much healthier, and will have stronger constitutions, other circumstances being equal, than those under the management of the dosing mother.

Dr. WILLIAMSON.—By referring to the *British and Foreign Medico-Chirurgical Review* of a recent date, it may be seen that of 810 infants of illegitimate birth, born from 1863 to 1867 inclusive, who were subjected to violent deaths, "218 were strangled or otherwise suffocated, 59 were killed by blows fracturing the skull, by cutting or stabbing, 51 by intentional neglect, 22 by drowning, 9 by exposure to cold, and 7 by the simple proceeding of leaving the cord untied at birth."

We are not told in how many cases the cord was left untied, so that we cannot tell the proportion of deaths that occurred from that cause, but that some died we are assured.

Dr. B. W. JAMES said, that in conjunction with the remarks attributed to him in the report of the proceedings of the last meeting, as published in the *Hahnemannian Monthly*, he wished to have it go on record that he had related a case where the remains of the cord had been pulled off too soon, hemorrhage had resulted, and pins had to be passed through the abdominal parietes, and a ligature twisted around them before the blood was arrested. Also, that if there was *refuse blood*, which he was not prepared to admit, it might be drained off by cutting the cord, without first tying it, and the good thereby derived, but that as a good surgical procedure, and for the sake of safety, it should be subsequently securely tied.

Dr. JNO. C. MORGAN presented a gentleman to the Society, upon whom he had successfully operated for *hydrocele*. The first operation, performed some time ago, had been by simply tapping with the trocar, which means afforded temporary relief. He had then cut out a small piece of the sac. This operation was partially successful, but there remained an enlarged testicle—a common occurrence after hydrocele, he thought,—which had been successfully treated, medicinally, by Dr. J. B. Wood, of West Chester,—and a slight hydrocele, upon which he operated by using the tenotomy knife. This last had resulted in a perfect cure.

Dr. WILLIAMSON read from his note-book, a case of hydrocele, in which the patient had operated upon himself by puncturing the tumor, at first with a fine saddler's awl, and afterwards using a needle. The fluid was not exuded, but *went away* each time, and after he had thus treated himself some three or four times, the hydrocele did not return.

Dr. MORGAN said that Dr Jno. C. Moore, of Liverpool, had stated, at the St. Louis meeting of the American Institute, that in some cases of hydrocele, after acupuncture had been repeatedly resorted to, he found the tumor did not return.

Dr. B. F. BETTS alluded to the habits of inferior animals, as regards the umbilical cord, and thought that we might learn, by observing them, valuable hints in reference to the treatment of the *funis*.

THE SECRETARY then gave a detailed statement with reference to the meetings of the State Society at Erie, and of the American Institute at Chicago, the programme of each, with routes, fare, time occupied in travelling, &c.

Dr. W. WILLIAMSON was unanimously elected the delegate to represent the Society at the meeting of the American Institute of Homœopathy.

Drs. GUERNSEY, GAUSE, B. W. JAMES, WILTBANK and TOOTHAKER were appointed delegates to the State Society.

It was moved, and unanimously carried, that the delegate to the American Institute of Homœopathy, be and is hereby instructed to invite that body to meet in Philadelphia on the second Tuesday in June, 1871.

Dr. B. W. JAMES said: Dr. W. Eggert, of Indianapolis, relates two cases in the *Med. Investigator* that came under his notice in practice, where the parturient patient lived at a distance, and the child in each case had been dressed and laid away, and he informed that all was right. But the following day, on examining the child, in both instances the cord was found not ligated; they, however, did well, as have several others since, where he has left the *funis* untied. Thus far confirming Drs. King and Keller's experiences. He thinks the end should be well squeezed out before bandaging it, and says the *funis*, by being laid on the *right* side of the body, has frequently given rise to jaundice in the infant, and consequently should never be laid on that side. In regard to clot in the cord after tying, I will mention one case that occurred to me a few days ago. The case was one of quick labor, and lived at a distant part of the city, and the child had been born and the *funis* tied about two hours before I reached the house. I untied the cord, and one or two drops of dark blood escaped. I then took my probe and ran down the *funis*, where the drops escaped, as far as I could, but did not discover any clotted blood, whereupon the cord was again tied. In another case, I waited until all pulsation or movement in the *funis* had ceased, and then cut it, and but two or three drops escaped, of very dark blood, from the abdominal end; as no more appeared, after waiting a few minutes, I tied the cord as a precautionary measure. Then, to satisfy my mind on another point, I, in another case, cut the *funis*, without ligating it, as soon as I could pick up the scissors after the child was born, and while the cord was pulsating strongly throughout its length, as far up as I could discover. The cord was a large and long one, and the child a large one; about two ounces of blood escaped, the last half ounce being of a very bright crimson color. The blood escaped with a twisting, pulsating motion. When all blood had ceased flowing, I felt the cord (abdominal end), and it was throbbing as strongly as ever. I then tied the cord,

when the external end instantly stopped throbbing, but the pulsation was still strong, and lasted about three or four minutes in the other portion of the funis, between the ligature and the abdomen, although there was no blood in the cord.

Dr. W. WILLIAMSON stated, with regard to Dr. Cook's theory of rag-weed pollen to explain hay fever, that the plant did not blossom until August.

Dr. JAMES thought the matter merely a theoretical explanation of hay fever, rather than a real cause, except in special individuals or cases.

Dr. H. N. GUERNSEY said he did not think Dr. Eggert's view of jaundice, being produced by the cord being laid on the right side, had any weight at all.

The SECRETARY remarked that he supposed Dr. Eggert's idea was, that the cord and its wrappers being laid on the right side, and then pressed tightly against the abdominal wall by the belly-band, would act as a compress, and possibly obstruct or retard portal circulation.

The Society then adjourned to meet on the 23d of June.

FOREIGN NOTES.

PROGRAMME OF PREMIUMS PROPOSED FOR 1871, by the Hahnemann Society of Madrid, Spain, for the best essay on

1 "Synthetic and comparative study of *Apis*, *Crotalus*, *Lachesis*, and *Tarantula*."

A cash prize of 2000 reales (\$250), the title of corresponding member of the Society, and the publication of the memoir in the official journal of the Society. The second best essayist becomes also a corresponding member, and his essay will be published.

2. By Dr. ANASTASIO ALVAREZ GONZALEZ, for the best essay on

"Helminthiasis, its causes, varieties, different diseases produced thereof in children, and its homœopathic treatment."

A cash premium of 1000 reales (\$125), and the Society offers the same honors to the successful authors.

3. By Dr. VICENTE QUEROL, for the best essay on

"History of the Itch (*tiña*) from the remotest antiquity, its seat and different forms, complications with syphilis and scrofula; is it a kind of psora or not? if not, give the complication with psora. Homœopathic treatment of the different forms and complications."

A cash prize of 1500 reales for the best essay, and 500 reales for the second best essay, the Society rewards the successful author with the same honors.

The memoirs may be written in Spanish, French, Italian, English, or German, and must be directed to the "Secretario General de la Sociedad Hahnemanniana Matritense, calle del Clavel Numero 4," before New

Year, 1871, accompanied by a sealed envelope, containing full name and residence of the author.

The envelopes of the unsuccessful memoirs will be burned without being opened; all memoirs remain the property of the Society.

The prizes will be awarded at the public session, April 10th 1871, and the successful candidates may present themselves personally or by proxy.

HOPITAL HAHNEMANN, RUE DE LAUGIER No. 26, PARIS, FRANCE.—*Honorary Presidents*, Senator Leon Blundel, Marquis de Nunez, Comte Henry de Bonneval, and Dr. Quinn; *Acting President*, Comte Davet de Baurepaire.

MEDICAL STAFF.—*Honorary Presidents*, Drs. Dellavallade, Perussel, and Liagre; *Acting Presidents*, Drs. Chancerel, père, and Jahr; *Vice-President*, Dr. Serrand; *Chefs de Service*, Drs. Boyer, Chancerel, fils, and Desterne; *Treasurer*, Dr. Leon Simon; *Secretary and Librarian*, Dr. Rafinesque.

The hospital, under the care of the sisters of St. Vincent de Paul, was duly opened with religious ceremonies on Hahnemann's birthday.

FRENCH journals announce the death of the veteran homœopath, Dr. SOLLIER, in Paris, at the ripe age of 83 years, and of Dr. MARTIN ARNAUD, 66 years of age. The latter was for a long time Secretary-General of the Homœopathic Society of France. Also, of Dr. PRITSCH, a distinguished German practitioner, at the age of 85 years.

S. LILIENTHAL, M.D.

THE ANNIVERSARY OF THE BIRTHDAY OF HAHNEMANN was celebrated by the homœopathic physicians on last Tuesday. A handsome banquet was given at Véfour's, at which a number of the editors of the different Paris journals were present. The assemblage has never been so brilliant, numerous, attended, and animated. The President, M. Davez, proposed the toast to the memory of the illustrious Reformer of Therapeutics.

Dr. Molin read a letter from Dr. Cabarrus, expressing his regrets that illness prevented him from presiding, and proposing a toast to M. Emile Oliiviér, the defender of homœopathy in a recent celebrated lawsuit. Toasts were afterwards proposed by Messrs. Cretin, to the first disciples of Hahnemann; Delavallade, to scientific truth; Jousset, to unity; Gounard, to all the press favorable to the progress of homœopathy; Léon Simon, Jr., to the farseeing physicians who first founded free hospitals; Maillot, to provincial physicians; Ozanam, to the memory of Tessier and of Simon, Sr. The humorous answer of M. Paul Feval to M. Gounard was responded to by three rounds of applause.

M. Jousset announced the expected opening, in the Rue St. Jacques, 282, of the clinic founded by the Homœopathic Society of France, conformably to the votes of the International Congress of 1867. This festival was kept up until midnight.

[From *L'Univers* (Paris), April 24th, 1870. Translated by Dr. A. LIPPE.]

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No. 12.

GANGLIONIC IRRITATION.

BY J. H. P. FROST, M.D.

IN the fourth volume of the *American Homœopathic Review*, New York, 1863, p. 145, may be found an article which attempts to explain the relation of the sympathetic or ganglionic nervous system to animal life, and to hereditary disease. It is there shown that the solar plexus, in which are included the cœliac ganglia, forms both the actual centre and the primary original of animal life; that in them reside all that is understood by the term Constitution, especially with regard to hereditary peculiarities; and that through them are transmitted, and from them developed, the seeds of hereditary disease.

But the ganglia which are situated near the heart and stomach, and whose function it is to supply these great organs with the requisite vitality and force, are also subject to acquired disorders, whose influence is powerfully felt upon these and other surrounding organs. Some of these disorders are palpable enough. Others are much more obscure and liable to be mistaken; since they simulate cardiac or gastric affections very closely. By this we mean that these ganglionic irritations—either by sympathetic influence, by direct stimulation, or by failure of

vital force—develop themselves in the form of functional derangements of these adjacent organs. Some may imagine that we here undertake to set up a distinction without a difference. Others again, that it is of little practical value, especially for closely prescribing homœopathists, to insist upon such minute points of pathological distinctions—as to names particularly; since the accurate adaptation of the remedy to the symptoms could not fail to cover the whole case. But we think it impossible blindly to follow the symptoms with success; that is, we think there is wanted some intelligent understanding of the symptoms, in order at least to give to each one its proper weight. And we think it of no small importance to recognize, whenever possible, the distinction between an idiopathic, organic affection, and one which is at the same time sympathetic, and maintained by the disturbed condition of large nervous centres, whether these latter are situated in the immediate vicinity, or more remotely. A case illustrative of this point, which occurred to us quite recently, comes to mind while writing: A young woman suffered intensely with pains in the stomach and bowels, worse at night, and after eating and drinking. No one of the remedies, selected in strictest accordance with all the apparent and very strongly marked symptoms, proved of any avail. But when we found that the whole affection was without doubt *sympathetic*, arising from a singular rheumatic disorder of the uterus, we were led to give Bryonia—although apparently counter-indicated by some of the conditions—and under its persistent use the patient was very greatly improved.

And so, whether we succeed in recognizing it or not, there is a great difference between an idiopathic gastric affection, and one which is but the sensible manifestation of a ganglionic irritation—just as there is a great difference between an hysterical affection and the real idiopathic disorder which it may so remarkably simulate.

One of the principal reasons for endeavoring thus to

discriminate between disorders purely idiopathic and organic, and those which are merely forms of ganglionic irritation, is to be found in the *psoric* and more obstinate and deeply-seated nature of the latter. In these cases, the ordinary medicines—particularly when employed from the indications of the more objective symptoms, and when given in the lower preparations—do but bring the promise to the ear to break it to the heart—do but temporarily palliate some of the symptoms to render permanently incurable the entire case. While a more accurate and profound study of such cases, in their totality, and under the idea of a deep-seated and constitutional, rather than a superficial and organic derangement, will lead to the selection of the appropriate anti-psoric remedy, and to its persistent exhibition in doses sufficiently high and sufficiently rare to remove, *in toto*, the chronic malady.

Still another reason for such careful discrimination may be found in the nature of a considerable class of disorders, physical no doubt, but whose more prominent symptoms are mental or moral. We refer here to those cases which are loosely termed *hypochondriacal*. Some of these are, indeed, evidently connected with derangement of the stomach, of the heart, or of both. Many others present no positive objective, organic symptoms; and yet while we come to regard *complaining* as a part of the disease of such persons, we cannot but admit that there must be some substantial basis or felt cause for such complaints. The larger number of these hypochondriacs are, without doubt, persons suffering with ganglionic irritation. And in proportion as the physical symptoms are obscure or undeveloped, just in that proportion do the mental and moral symptoms come into practical importance.

There remains yet another class of disorders which are most intimately associated with and entirely dependent upon ganglionic irritation. These are those in which the physical symptoms and abnormal bodily sensations are still more completely wanting than in the hypochon-

driacs ; and in which the morbid, mental, and moral symptoms are still more prominently developed. These are the *insane*, in their various orders and degrees,—especially those hereditarily insane. In all these latter the morbid influences are transmitted through these ganglia ; and reflected directly upon the psychical sphere, without any perceptible disturbance of the physical organization. And here, where perfect physical health often prevails to all appearance (and of course absolutely, therefore, to all practical purposes) we find only disturbances of the mental, emotional, and voluntary spheres, as symptoms by which to prescribe. And by these symptoms the remedy may be, and indeed, oftentimes has been selected, which shall cure the patient in a radical and permanent manner. And to our mind this one fact alone proves that the physical seat of the mischief in such instances, resides in an otherwise undeveloped irritation of some portions of the ganglionic nervous system, of those portions, exceedingly minute no doubt, which are most intimately associated with the cerebral substance. For the proper functions of the brain may be thus disturbed, even as those of the heart may be, by irritation of the ganglia of the solar plexus.

It is not our purpose to attempt, nor would the proper limits of this paper allow, any extended illustration of this variety of ganglionic irritation. Its simple mention here fulfils our present design, by completing the list of the various classes of ganglionic irritation, and we close this article with brief outline notices of a few cases of such irritation which sympathetically produce, either organic derangement, or merely sensational symptoms.

I.—A. B. suffered for months with frequent palpitation of the heart, very violent ; not only from exertion, but even by night in bed. Subsequently appeared a constant intermission of the heart's action, by which from one-sixth to one-third of its beats were lost. He had never

been subject to rheumatism, and had no dropsy or other difficulty of the chest. This cardiac derangement was decided to be merely sympathetic by the eminent physician to whom he applied, and it was set down as one of the very numerous and common cases of such irregularity of the heart's action arising from gastric disorder. Accident, or rather change of diet from absence from home, revealed the exact nature of this disorder as a pure *gastric irritation* caused by the excessive and prolonged consumption of coarse wheat meal (dyspepsia) bread, whose rough bran-like particles seemed to scratch the inner surface of the stomach. But how was this severe irritation transmitted to the heart? Manifestly through the ganglionic nervous centres which are in relation alike with both organs. The gastric distress, and consequent cardiac irregularity, both very quickly subsided upon discontinuing permanently the use of this coarse wheat bread,* and this improvement, in the heart particularly, was, no doubt, promoted by the homœopathic remedies as at that time prescribed.

II.—C. D. had been a hard-working blacksmith and horseshoer. For two years or more he had suffered with indescribable distress at the pit of the stomach; tenderness there on pressure; inability to work; could eat only the simplest food. *Towards night*, or from any over-exertion, he was liable to be attacked with paroxysms of intense distress in the epigastric region, with inability to walk. But the one great characteristic symptom of his case was *fear of being alone*. At such times he could not dare to be left alone, and the mere apprehension of it was often capable of bringing on the paroxysm with its attendant distress and prostration. These symptoms led me to select *Lycopodium*, which very greatly benefited him. For certain other moral symptoms, not now particularly

* The excess of silex in the bread may have had some influence.

remembered, Aurum was also given with decided advantage. Under these two remedies he was restored to comparative health and ability to attend to active business. He had previously consulted other homœopathic physicians without improvement. This was a case of original ganglionic irritation, inducing functional debility of the stomach, great general weakness, and profound depression of spirits.

III.—E. F. was a plasterer by trade; this occupation, like that of the previous case, is well known to be exceedingly laborious. He had worked very hard for a number of years, and was originally of a strongly marked serofulous constitution. He came under my care from another homœopathic physician whose prescriptions had proved of no avail. For two years he had suffered with severe distress or pain at the pit of the stomach, which troubled him only by day, and principally during the winter months. Still he could eat well; he slept well; nor was there in any direction any apparent organic derangement. At times the pain would leave the epigastrium, and appear in the *perineum*. This latter pain was, like the former, persistent and very annoying; it was worse while sitting, and better while walking about in the open air;* and disappeared when he went to bed. He had been rendered incapable of attending to any but the lightest business even in the warmer weather. Hepar gave relief from the perineal pain, which, however, established itself in the epigastric region as before. Sulphur at last removed this, and he has since remained quite well. These medicines were only reached after much study, and fruitless trials of others which seemed strongly indicated. The case itself is principally interesting as being one of pure ganglionic irritation; sensational, but with no sympathetic organic derangement; while yet very obstinate and so long con-

* Nux v. had been given, but only palliated, it could not cure.

tinued as to render the patient quite hypochondriacal and despairing of being cured.

Other cases, similar to these, I have often seen and treated, as doubtless have many other physicians, and it is hoped that enough has been said to attract attention to this theme, and perhaps draw out corresponding narrations of their experience. Fear of death sometimes, but oftener *fear of being left alone*, seems to characterize these cases of ganglionic irritation, as in those ordinarily termed hypochondriac, and this is an equally strongly marked symptom of lycopodium. Arsenicum, which bears so prominent a relation to disorders purely gastric, does not, in our experience, at least, seem to be *en rapport* with irritation of the celiac ganglia. This we have learned by repeated trials of this remedy in such cases. But it does appear to be homœopathic to that irritation of the interior ganglia (those whose affection is so often mistaken for "spinal irritation") which develops itself in that raised, burning, itching eruption, popularly called "hives" or "nettle-rash."

UTERINE HEMORRHAGE.

BY O. P. BAER, M.D.

(Read before the Indiana Institute of Homœopathy, at Indianapolis,
May 11th, 1870.)

HAVING been placed on the bureau of obstetrics to report upon some subject connected therewith, I shall present as my report, a short essay on *hemorrhage*, during and after parturition; as, in my estimation, there is no subject of greater importance to the profession.

It suddenly involves life and all that is near and dear to the household, and often costs the young zealous physician all the reputation he may have previously gained. He, no doubt, has been accumulating bright laurels from all directions, probably for a half decade of years, all has

been smooth and easy, when, all of a sudden, there comes a terrible storm in his hitherto peaceful elements. He is called to the bedside of an influential parturient lady friend; hemorrhage has already set in most fearfully; timidity, want of knowledge, loss of self-confidence, assert themselves, and unaided by self-derived intelligence, he wavers, hesitates, and eventually fails—his patient falls a victim to his inadequate appliances; his hitherto well-earned fame has fallen to the dust, and he, saddened and perplexed, blames, and justly too, the profession for sheer ignorance upon a subject of such vast proportions. With these preliminaries, I propose to offer a few remarks upon such medicines and processes as, in my hands, have always been perfectly efficient in all such cases. I am sure they will prove safeguards against all such rapid encroachments upon life and reputation.

Thus, being called to a case of parturition, with hemorrhage already present, I at once give a dose of *Secale cor.*, 3d dil. I make this prescription upon rational grounds, as I deem it to be perfectly pathogenetic in all cases of uterine hemorrhage *accompanied with expulsive efforts*, whether the full period of gestation has arrived or not. I would, however, just here, qualify this remark by saying, that *Secale* is rarely of any advantage previous to the period of quickening, but always more or less beneficial until after the expulsion of the placenta takes place; there, its primal, positive action ceases, and I doubt very much its ability to do anything of importance after the uterus is empty; in fact, I think its administration then worse than useless. But we will return from this digression to the point of greatest interest. I prescribe *Secale*, but should a few repetitions of the dose give no decided good results, I at once make an examination per vaginam, and should there be no dilatation of the os uteri, I continue the *Secale* and keep a strict vigilance over the pulse, marking well its force and volume. Should it keep up, all is right, *Secale* will do its work; but should the pulse become weak,

intermittent, and compressible, I drop the remedy and seek that more symptomatically indicated—which, in ninety-nine cases out of a hundred, will prove to be Belladonna—and at the same time I apply cold wet compresses over the abdomen, and repeat them as occasion may require. But rarely, in nearly twenty-five years' experience with homœopathic remedies in such cases, have I been compelled to resort to anything else than Secale. Should, however, the os uteri be sufficiently dilated to admit three or more fingers, and evidently relaxing slowly, with active hemorrhage, I continue the Secale, and at once *rupture* the membranes, thus hastening labor, and causing a more rapid descent of the child, which most effectually blocks the hemorrhage, by closing the passage for its exit. Coagulation will now take place, and you need have no fear of internal hemorrhage. Should, however, the placenta present itself over the os uteri, I would promptly, by all means, without the least fear of unpleasant results, puncture it, yea open it freely, that the child may pass directly through it. I have been called to some trying cases of this presentation, where the family physician was timid, doubtful, and perplexed, who after witnessing the good results following free rupture of the placenta, has invariably resolved to do likewise in future. It is now nearly thirty years since I was compelled to resort to this process in a very delicate lady, with her third child, who came very near losing her life in consequence of my delay, in order to search authorities, and finding none at my command. I at last determined, as the last resort, to rupture the placenta and take the consequences: happily all passed off nicely, and my patient had a good getting up. Since that I have never hesitated one moment, but have promptly gone to work, and have never yet seen cause for regrets; but, on the contrary, much to rejoice in, that I so early in my medical life, assumed the responsibility of doing what so many have considered hazardous. Some three years ago I was called in consultation with a homœopa-

thist of some experience, who told me frankly that he had never seen such a case before. He was dumbfounded, and ready to give up the case as hopeless, as the lady was swooning every few moments; pulse very weak, and intermittent; the placenta directly over the os uteri; hemorrhage excessive. There was no time for lengthy discussions upon doubtful points; the case was imperative in its demands, and whatever was to be done was to be done immediately, as the patient was evidently sinking rapidly. I explored the parts, ruptured the placenta, and in less than fifteen minutes all was over, and the beloved wife and mother all safe; and the babe, though much exhausted, did well. Such has been my experience, and such have been the cheering results. .

Now as to hemorrhage after parturition, I would observe once for all, that I do not wait for hemorrhage to set in after the delivery of the child; I never allow it to set in, by using what I deem infallible precautions against it. You now very naturally ask me, what do you do? I very confidently reply, for it has never failed me at any time, even in the most hemorrhagic constitutions. I, as soon as the child is born, cut the cord, remove the child, and place my open hand upon the abdomen directly over the uterus, grasping it gently, and at the same time make very gentle traction upon the cord. As soon as the placenta is removed I increase my clasping of the uterus, by more firmly contracting my fingers and thumb, indeed my whole hand, upon the body of the uterus; alternately contracting and relaxing my hold upon it until I am fully satisfied that it will need no further aid. By this timely assistance you aid the system to do what, in its relaxed condition, it may not do for itself. I have practised this system of treatment now over sixteen years, without witnessing one single case of severe hemorrhage among my own cases of parturition, and they have not been few I do assure you. I rarely find it necessary to prescribe any medicine, as the grasping forestalls all demands for it.

In a comparatively few cases, I have given either *Belladonna* or *Ipecacuanha*. *Belladonna*, however, seems more homœopathic to such cases than any other remedy with which I am acquainted. *Ipecacuanha* and *Chamomilla* have an occasional place, but their sphere of action is much more limited than *Belladonna*.

Let the attending physician grasp, with distended hand, the body of the uterus, gently though firmly, avoid pressing hard enough to cause pain, continue this process occasionally for the space of a half hour or so, and if you have no hemorrhage by this time, a hundred chances to one if you have any at all. Really, there are but few cases of perilous hemorrhages recorded in the whole calendar of obstetrics, that did not occur within one hour after delivery. I deem it the imperative duty of the obstetrician, particularly in hemorrhagic constitutions, to watch the appearance of his patient closely for at least thirty minutes after labor, as the danger from that time decreases almost in proportion to the square of the distance. I have had, now and then, cases where the family have become somewhat uneasy in my absence; but all passed off without medication in due time. To show the want of knowledge, or lack of judgment, in some would-be obstetricians, I will relate a very striking case, and close this article.

Some ten years ago, I was called in consultation to see a lady who was said to be flooding to death. I entered the room in great haste; found the child had been born more than two hours before. I inquired the cause of such deathly flooding, when I was informed by the doctress that all passed off well, the child had been born more than an hour, when in consequence of severe after-pains the doctress gave her patient a few doses of chloroform, which soon produced absolute relaxation of the uterus, and hemorrhage of the most terrific character supervened, thus prostrating her patient in a very few moments into the very jaws of death. Pulse at wrist ceased, eyes dilated, and rolled back, chin dropped, speech gone; a few moments

more, and all would have been over. The doctress said that she had ransacked her pate, and had found nothing that did any good. She had given remedies by the score, in the short space of one hour. For when I entered the room, and inquired what had been done, I was told by the astute would-be doctress that she had done all she could, as she had given over twenty remedies without the least effect; and, therefore, thought the patient must die. I at once placed my hand upon the abdomen; found the uterus very large and soft. I grasped it firmly, and it soon contracted to the usual size after recent normal delivery. I likewise gave Belladonna 3d every fifteen minutes, and to my great satisfaction she soon showed marked signs of returning vitality. In less than one hour from the time I entered the room the patient was all safe, and thanked me over and over again for coming so promptly to her rescue. The doctress learned a lesson which she will never forget. She also learned that the battle in medicine is not to the strong, but invariably to the specific agent, however simple it may be. Truth is always simple, never complicated, never dubious—always dogmatic and pertinent. But as long as there are so many Naamans in our art and out of it, who despise going into Jordan because the thing is not elaborate enough, we must expect just such cases as I have related. The world of mind is moving, and ere long we will all sing the same great song of true life,—that truth is mighty and will prevail.

TÆNIA.

BY AN OLD PHYSICIAN (A. H. Z., MAY, 1870).

WITH the expulsion of tapeworms I had difficulty for years. With the tincture of filix mas or with triturations, I might, perhaps, have tickled their tails, but I had expelled none, and this was the more provoking, as a tanner in my neighborhood was celebrated for his skill in driv-

ing the enemy off, but only during the summer months. A pharmacist showed me accidentally an article, wherein it said that the male fern is only active in its fresh state, coarsely grated; powdered and kept only for two weeks its effect is already doubtful; older powder is good for nothing. I took notice of this fortunate piece of information, and requested all my *tænia* patients to wait for deliverance till summer. At that season I collected the root, covered with sod and buried it in moist sand in my damp cellar to have it coarsely grated in the morning. A full ounce of the grated root is the usual dose, taken in divided doses, by making boluses with moist wafers. It does not taste badly, somewhat woody, and even children take it without much difficulty. Await result till about 3 P.M., and if no result follows, take a few wineglasses of Citrate of Magnesia, and by 5 or 6 o'clock the enemy, rolled in a ball, lies in the chamber. I never troubled myself much about the head, as my patients were never troubled any more with it nor with any after-pains; on the contrary, they quickly recuperated from their former ailments.

It is of great importance, when and by what remedy we expel the tapeworm. A talented young man, whose sister died from phthisis, suffered frequently from gastric disorders and a dry suspicious cough. The mother discovered accidentally some pieces of *tænia* in his stool. Tinct. filix mas appeased some of his difficulties, and I asked them to await the summer season for its entire expulsion; but full of impatience he took santonine from another physician, and the *tænia* was expelled, but the patient was now attacked by a severe gastric catarrh, a dry cough with spitting of blood, stitches on the left side of the chest, and a pleuritic exudation reaching to the rib. For the last few weeks of his life he could only slumber in a sitting position, the head supported on a footstool, and died in a suffocatory paroxysm.

Another boy suffered for seven years from *tænia* in spite of the most diverse application of vermifuges. He looked a very skeleton, but the parents at my request were willing to await the summer months, when he took the fresh root with the usual result, the expulsion of the enemy. Since then he has rapidly gained flesh and enjoys now pretty good health. S. L.

OXYURIS VERMICULARIS.

(Transactions of the H. M. S. of the State of N. Y., Vol. 7.)

DR. WOODVINE, of Boston, gives us a new method of allaying the terrible itching produced by the pinworm. Mr. Haserick, of N. H., found "that light and air are necessary for their propagation, and that the female finds its way beyond the sphincter ani, and discharges its eggs around the anus; these are hatched in the short space of five or six hours, and make their way into the rectum. Simple application of lard around the anus he has found efficient in every case. By renewing the application two or three times a day for a week, the surface is completely protected, and the egg has no nidus for development, consequently as the worm is shortlived, in the space of eight days the animal is freed from parasites." Dr. Woodvine confirms these observations of Mr. Haserick.

Dr. Hornby, of Poughkeepsie, N. Y., injects, for pinworms in the rectum, a solution of one to three grains of Carbolic Acid to one ounce of warm water, with perfect success, syringed very gently into the rectum at night, when the worms are most active and annoying. It does not require many repetitions to entirely destroy them, and procure speedy relief from their torment, using it internally also in a higher dilution of one to five grains of the acid in an ounce of pure water. S. L.

AMERICAN INSTITUTE OF HOMŒOPATHY.

THE Twenty-seventh Anniversary of the American Institute of Homœopathy was held at the Crosby Music Hall, Chicago, June 7th, 8th, 9th, 10th, 1870.

PRELIMINARY MEETING.

The usual "preliminary meeting" was held at the residence of Dr. D. S. Smith, 402 Michigan Avenue. The handsome, smiling face of the genial host, who is, by the way, the pioneer practitioner of homœopathy in the Northwest, met each guest at the door, and kind words of greeting and welcome were accorded to all. A bountiful col-

lation added to the general enjoyment of the pleasant occasion. It could early be gathered from the general tenor of conversation, that an earnest and harmonious session might be looked for.

THE OPENING.

The Institute assembled, Tuesday, June 7th, at 10 A.M., and was called to order by the President, David Thayer, M.D., of Boston. Prayer was offered by Rev. Dr. Kelly.

Gaylord D. W. Beebe, M.D., of Chicago, Chairman of the Committee of Arrangements, then addressed the members of the Institute, giving them a cordial welcome to the hospitalities of Chicago. We cull the following passages from his address:

“Twenty-six years have passed since your organization was called into existence. . . .

“Twenty-six years would almost measure the history of this young city in which you now assemble, but woven into the fabric of its growth are the golden threads of experience of some of the pioneers of homœopathy, some of whom have passed on to their reward, while others live to see the golden fruitage of their labors, about whom there have gathered a number of co-laborers sufficient to have made the growth of Hahnemann’s art keep pace with all material growth and culture. Then Chicago was a frontier post; now the inland metropolis of America—the half-way house on the broad trans-continental highway. Then and for years subsequent, Chicago had no railways; now she furnishes railway facilities for both Boston and San Francisco. Then but a feeble tributary to the commerce of the East; now a commercial centre, with far-reaching tributaries still multiplying. Then we were an adventurous population seeking upon borrowed capital to found accumulations of our own; now wealth has poured her treasures here, and learning plants her institutions in our midst. Then Chicago had no commercial rank; now it is ranked the first on the globe as a lumber market, a grain market, a meat market, and a fruit market.

“Some of you were our guests, when, thirteen years ago, the Institute honored us with its former visit. . . . We trust that many new friendships may be formed, and old ones cemented during your stay with us; but as we

strike hands with you all to-day, it is with the feeling that there is earnest work to be done by this Institute."

The President, Dr. David Thayer, followed Dr. Beebe, with some introductory remarks.

TREASURER'S REPORT.

E. M. Kellogg, M.D., of New York, Treasurer, reported that he had received \$2167.00, and expended \$2390.15, leaving a balance due by the Institute of \$223.15.

PUBLICATION COMMITTEE.

The Publication Committee reported, through I. T. Talbot, M.D., of Boston, retiring Secretary, that the "Transactions" had been issued at the earliest possible day, the delaying having been due to a strike of operatives; that 1000 copies of a volume of 552 pages had been published in seven sections; additional copies of sections 1 and 2 had been printed, and that the total amount of publication for the year amounted to about 610,000 pages.

REPORTS OF BUREAUS.

A number of papers were reported as being in the possession of each bureau, respectively. Of these, some were read in extenso, some in part, and others merely by title, and all were referred to the Publication Committee.

Bureau of Clinical Medicine.—The first paper presented by this bureau was entitled "*Pathological Anatomy as related to Therapeutics*," by S. M. Cate, M.D., of Salem, Mass. It gave evidence of great earnestness and zeal on the part of Dr. Cate, but may be typified as an elaborate construction of a man of straw, and its subsequent satisfactory demolition, *pugnis et calcibus*. The ability and energy of Dr. Cate turned into a more practical direction would redound greatly to the advancement of homœopathy. It was mentioned in the paper that Dr. John Manning had given a statement of forty-five cases of inflammation of the muscular structure of the neck of the bladder cured by *Ela-terium*. In the discussion which followed the reading of Dr. Cate's paper, Dr. E. C. Franklin made an unfortunate *faut pas* by narrating a case, of which he knew nothing except by hearsay, as exemplifying the dangers of "ignor-

ing pathology," in which a non pathological homœopathist's wife, failing to be relieved by her husband's remedies, was at once cured of a stomach difficulty by a hypodermic injection of solution of morphia. administered by an intrusive, not to say impudent, but thoroughly pathological, allopathist, who had been attracted by the lady's cries. The Doctor failed to see that his case, if entirely true as related, exhibited nothing more than the ignorance of an individual, or at least his inability to select the homœopathic remedy.

A paper on "*Relapsing Fever*," by Henry D. Paine, M.D., of New York, was read by Dr. N. F. Cooke, of Chicago. In the discussion which followed, Dr. Gause stated that in cases he had had, *Rhus* and *Ant. crud.* seemed to do more than any other remedies that were used. Dr. B. W. James said that with him, *Arsenicum* was the main remedy used; *Rhus* acted well for a time only; *Sabadilla*, recommended by Dr. Guernsey, seemed to fail entirely; in his cases there was enlargement and tenderness of the spleen. Dr. Frank Rockwith said that in his experience the medicine that seemed to have the best effect was *Eucalyptus* 1st. Dr. N. F. Cooke recommended, on theoretical grounds, *Nitric acid*. Dr. H. N. Guernsey narrated a case treated with *Arsenicum* of a very high potency. He had also used Calc. carb, Eupat. perf, and Arum tri. The latter was indicated when there were, in a child, constant picking at the flesh, boring and picking the nose, lips red and raw.

D. H. Beckwith, M.D., of Cleveland, read a paper on "*Climatology and its relation to Pulmonary Disease*."

A paper on "*Hecla Lava*," by W. H. Holcomb, M.D., was read. It consisted chiefly of a letter from J. J. G. Wilkinson, M.D., of London, detailing his experience in the use of that lava. He had used it successfully in myalgia, where the intercostal muscles were most affected, for relieving pain in the cavity after tooth-drawing, exostosis of the maxillary bone, facial neuralgia, and diseases of the bones generally. [The lava lies in impalpable powder on the scanty herbage in the neighborhood of Hecla, and the sheep who graze on the herbage are affected with disease of the bones. We will furnish such of our readers as may wish it, for proving or clinical experiment, a small quantity of the first decimal trituration of Hecla lava.—Ed. H. M.]

A paper on "*Bufo in Epilepsy*," by the same author, was likewise read. Dr. H. reported several cases of epilepsy cured by this drug, and believed it to be a most promising medicine. He found the 2^o the most valuable dilution.

The balance of the papers in possession of this bureau were read by title and appropriately referred.

Bureau of Materia Medica.—Dr. W. Williamson read a paper on "*Ptelea trifoliata*" (the hop tree). Dr. W. E. Payne read a paper by Dr. Conrad Wesselhæft, entitled "*Confirmed Symptoms of the Materia Medica.*" The author thought the proving of new drugs of less importance than the confirmation of the pathogeneses of those already proven. He recommended that the profession should turn its attention to the confirmation of the symptomatology of the following: *Lyc.*, *Sep.*, *Sulph.*, *Alum.*, *Squil.*, *Bry.*, *Kreos.*, *Nux v.*, *Sabi.*, *Sam. nig.*, *Bell.*, and *Chloral hydrat.* Dr. Payne also read his own paper, being a supplemental report on "*Lilium tigrinum*," and gave cases illustrative of its action in prolapsus uteri and other diseases of the female sexual organs. [This remedy promises to be a most valuable addition to the M. M., and is worthy the attention of physicians, particularly for diseases of women.] Dr. E. M. Hale read papers on *Bromide of Potassium* and *Bromide of Ammonium*. [Dr. Hale has presented us with a copy of his monograph on Bromide of Potassium, a review of which we shall hereafter lay before our readers.] Dr. J. P. Dake followed with a paper on "*Doses used in making provings; they should consist of combined attenuations.*" He recommended that provings should be made with high and low attenuations combined. The balance of the papers in possession of this Bureau were read by title and referred.

The discussion which followed was confined exclusively to the views set forward by Dr. Dake. Dr. C. H. Haeseler said he had never been able to get symptoms, in proving, from any other than large doses of the lowest preparations. He should, however, give Dr. Dake's proposed plan a trial. Dr. J. E. Morrison thought it an error to depend entirely for provings upon drugs in their crude form. He argued that if provings were made with "combined potencies," those combined potencies would have to be prescribed for diseases. Dr. G. W. Bowen had given the 1st, 2d, 3d, and 6th attenuations in combination, and

was glad to know that some one else favored such a view. He had heard that a "*certain college*" had taught that when toxical effects were produced by a low preparation of a drug, these effects would be destroyed by giving a higher attenuation of the same drug. This statement created some sensation, but the soft impeachment having being flatly denied by a professor of that college, the subject was dropped.

Bureau of Obstetrics.—Dr. H. N. Guernsey read a paper on "*Obstetrics*," in which he recommended, as before, a strict adhesion to homœopathy in the treatment of *uterine hemorrhage*. Dr. J. C. Sanders read papers on "*Atrophy of the mammary gland, &c., the results of injudicious toilette*;" and on "*Injuries to the nipples, the result of the so-called hardening process*." Dr. W. E. Saunders read the report of a case of "*Ovariectomy*," and presented the tumor removed, which filled a large-sized bucket, and was estimated to have weighed (including fluids) nearly fifty pounds. The reports of the case and of the operation were most admirably drawn up. The balance of papers in possession of this Bureau were read by title and referred.

Dr. Guernsey's paper originated quite an animated discussion. Dr. Geo. F. Foote thought Dr. G.'s treatment of the case he had related not "common sense," or Hahne-mannic, inasmuch as he had repeated the dose every half hour. Dr. J. D. Craig related a case where a woman had aborted, and was flowing terribly, and in a fainting condition. He found the placenta in the os, dislodged it, and the flow ceased. "Was not my cure," the Doctor asked, "as much 'common sense' as if I had given her a small dose of medicine?" Dr. C. Pearson wanted to know what Dr. Craig would have done, if he could not have reached the placenta with his finger. Dr. Craig said he should have tried to find it with an instrument. (?) Somebody suggested that he might have failed, to which Dr. C. replied that he should then have done the best he could, and would have given the woman some medicine. Dr. Guernsey said he accepted Dr. Foote's castigation, as he disapproved of giving medicine too often; but he had made it a rule, where hemorrhage was so fearful, to repeat frequently, until he saw a change for the better. Dr. Bushrod W. James wanted to know whether Dr. Guernsey would rely solely on remedies in hemorrhage, after criminal abortion.

Dr. Guernsey said that he had tried all the extra-homœopathic methods recommended, and had been often disappointed, but he now, in every case, prescribes the indicated homœopathic remedy. His experience was not of one or two cases, but had been gathered in a large practice, extending over a period of twenty-eight years. *Dr. Morrison* related the case of a woman who had miscarried, and who had flowed profusely, the placenta being retained. He gave *Ergot*, his favorite remedy in retained placenta, and used the tampon. After the hemorrhage had ceased for the time being, he introduced his finger and removed the placenta. He said he knew of a physician who believed in *Dr. Guernsey's* method, who had one woman die on his hands, "who might have been saved by more rational treatment." (?) *Dr. N. R. Morse* thought the last remark not quite right; as "the issues of life and death are not in our hands." We should do all we can in every case, and trust the issue to God. Do not say, if the patient dies in other hands, "if I had been there the patient might have been saved." *Dr. Morrison* objected to *Dr. Morse's* way of putting things, as he could not see the importance of education in medicine, if we are to trust everything to Providence, and lay all our ignorance and its results to Providence. *Dr. Morse* returned to the charge, and claimed that his view was the correct one. *Dr. T. P. Wilson* thought the Institute was getting more theology than medicine.

In the discussion on *Dr. Sanders's* paper on "Atrophy of the Mammary Glands," &c., *Dr. E. M. Hale* said, he thought much damage was done the breasts by the attempt on the part of young girls to hide "the peculiar quivering appearance" of the breasts, by binding tightly across them heavy towels; whereby the nipple is crowded back into the substance of the gland; and, as a rule in physiology, wherever there is pressure there is absorption. He had had a great deal of trouble with counter-sunk nipples; but he now drew them out with a pump, before any milk is secreted, some weeks prior to labor, and applied an India-rubber ring, by which means the nipples were sometimes restored. *Dr. D. M. Holt* thought the worst cases of these affections of the mammæ were found in women who had the scrofulous taint, and that efforts should be directed to counteract that in advance.

Dr. C. H. Haeseler addressed the Institute on the sub-

ject of "Non-ligation of the funis," which excited much interest and gave rise to some discussion, but no points were elicited beyond what the readers of the *Hahnemannian Monthly* have already enjoyed.

Bureau of Surgery.—Dr. C. T. Liebold read a paper on "*Flexion of the Extremities as a means for arresting Arterial Hemorrhage, and as a Cure for Aneurism.*" Dr. Liebold also related the finding of thin plates of bone in three diseased eyeballs he had extirpated within eighteen months. Extirpation had been resorted to in these cases, because of suffering in the sound eyes. He advised extirpation of a useless and diseased eye, when suffering and possibly deterioration results in the sound eye. He thought that possibly the trouble in the sound eye was occasioned by this bony formation, which takes place on the inner surface of the choroid, but which, of course, could not be determined in advance. These cases called to the mind of Dr. Parsons, an eye taken from a subject in the St. Louis College, where the vitreous seemed to be ossified. Dr. Bushrod W. James exhibited a new splint, of his invention, the object of which was to do away with bandaging. It is made of vulcanite rubber, is readily moulded to the parts by strong heat, and sets immediately on being dipped into cold water. Along the edges of the two splints are a series of holes through which a string is to be run, and the splint laced on somewhat after the manner of lacing a shoe. It adjusts very nicely, can be loosened or tightened as the condition of the case may demand, and admits of free ventilation of the limb. [Dr. James will gladly give any needed information on this subject, by addressing him, No. 1821 Green Street, Philadelphia. Ed. H. M.] Dr. G. D. Beebe recommended in "ovariotomy," that the vessels of the pedicle and of adhesive bands should be closed by "torsion," thus obviating the necessity for ligating the pedicle and using the clamp. He had tried it in two cases with gratifying results, returning the stump into the abdomen. He commended it to the test of experience, believing it to be absolutely safe and less hazardous than the older methods. If he were to apply a ligature to the pedicle, it would be one of catgut (an ordinary violin string), which had been immersed in strong *Carbolic Acid* in oil. It, he alleged, could be cut off short, returned into the abdomen, and would not have to be got rid of as a foreign body, either being ab-

sorbed or becoming living tissue in time. He had used this ligature in one case. Dr. Beebe also exhibited some new instruments for *staphyloraphy*, being a right and left palate-knife, needle, and block for the teeth. In very young children he resorted to tracheotomy as the first step. He also recited an interesting case of *rectocele*, cured by cutting a half-inch strip out of the posterior vaginal wall. Dr. Beebe exhibited the famous five feet of intestine removed from a woman suffering from strangulated umbilical hernia, and, by request, gave a detailed account of the steps of the operation, and of the subsequent closure of the artificial anus. He stated that the woman had been delivered a few months after the operation, of a living healthy child, and that a few days ago he knew her to be alive and well, and nursing her child. Dr. Beebe was requested to write out a complete account of the whole case, and submit it to the Committee of Publication. [This case will thus go on official record, which will, *perhaps*, place it above the sneers of even the editor of the *Boston Medical and Surgical Journal*, who should bear in mind that there are worse things than "flabby heart," and that *flabby conscience* is one of them. Ed. H. M.] Dr. Helmuth read an account of a "*Resection of the Knee-joint*." The patient was a young man who was rejected by his lady-love because he had a crooked leg, so the Doctor cut a wedge-shaped piece from the joint, straightened the limb, which after a good bit of trouble came out all right, and, as Professor H. remarked, he not only improved his anatomy in that way, but enabled him to subsequently possess himself of a new rib. Dr. Franklin recommended bran saturated in *carbolic acid* as a dressing for wounds where bran dressing is required, that preventing the appearance of maggots in the wounds. *Drs. Helmuth and Franklin* then had some explanatory talk in regard to certain differences existing between them. Dr. Franklin stated that all he meant to convey, in the remarks he made concerning a certain case reported to the Institute by Dr. Helmuth, was, that Dr. H. had magnified the importance of his operation. To which Dr. Helmuth replied that when the reporter made him say, that "this difficult operation had been performed but two or three times in the United States," he did not mean to refer to his operation, but to the extraction or extirpation of the entire lower jaw. His case was not a hard case. He

“just made a cut and two flaps, and it came right out.” He did not propose for a moment to state that there are not hundreds of surgeons who would undertake to remove the entire jaw if they could get the chance; but the chance don’t come once in a hundred times. He was fortunate and got the chance, and had the bone in his possession to show for it. [Thus ended, we trust, forever, this unfortunate *emeute*. The reputation of Prof. Helmuth as a surgeon does not rest on a shaky foundation, and requires no exaggeration to bolster it up. He is too well known everywhere as a bold, brilliant, and skilful operator, to have his fame tarnished or brightened by misrepresentation.]

Bureau of Anatomy, Physiology, and Hygiene.—The following papers were announced as being in possession of this Bureau: Report on Anatomy, by S. B. Parsons, M.D., St. Louis; Report on Physiology [elective affinity], by J. H. P. Frost, M.D., Milton, Pa.; Report on Optical Hygiene, by T. P. Wilson, M.D., Cleveland; Report on General Hygiene, by J. J. Mitchell, M.D., Newburg, N. Y.; Report on Moral Hygiene, by Carrol Dunham, M.D., New York; Report on Alcohol, by C. Pearson, M.D., Mt. Pleasant, Iowa. These reports, with the exception of that of Dr. T. P. Wilson, were read by title and referred. Dr. Wilson then read his paper on “Optical Hygiene,” or “mind your eye,” calling attention to the importance and the best means of caring for the eyes. His paper was likewise appropriately referred.

Bureau of Organization, Registration, and Statistics.—This Bureau reported that it had obtained a partial list of physicians, and a history of homœopathy in some of the States; and recommended the appointment of an additional bureau, to be called the “Bureau of Psychological Medicine.” The report of the Bureau was accepted, and its recommendation adopted.

Most, if not all, of the papers read at this meeting of the Institute were carefully prepared, and valuable, giving evidence of research, thought, and experience; and, doubtless, the same might be said of those submitted without being read. They were very creditable to the Institute, as a body composed of educated and thinking men. The discussions cannot be so highly spoken of. They were tame, and as a general thing unprofitable; perhaps a little more so than usual; and came *very near* demonstrating,

notwithstanding the disclaimer in advance of President Thayer, the truth so far as the Institute was concerned, of the dictum of the *London Lancet*, that, "in no assemblage for discussion do we meet with such proof of utter want of logical discipline of the mind as at our medical societies."

Particularly noticeable, however, was the part taken by the *surgeons* of the Institute. There was a boldness and independence of thought and utterance, a spirit of dictation, so to speak, utterly at variance with the spirit of meekness that might be looked for in homœopathists who dared aspire to give the lie to the old saw that "Homœopaths are not surgeons." Look to your laurels, Messrs. Allopathic Sawbones, for our men are no longer following in your wake, but are striking out for themselves; and with the superior efficacy of homœopathic medication added to their equal surgical skill, they will distance you completely.

MEDICAL EDUCATION.

The twenty-seventh anniversary of the Institute will be ever memorable for the action taken on this all-important subject. The report of the joint committee, consisting of five members of the Institute, and one representative from each of the colleges, of which committee Dr. H. N. Guernsey was chairman, was adopted as embodying the sentiments of the Institute. They provide that (1.) Applicants for matriculation shall pass satisfactorily an examination in the branches of a thorough English education, chemistry and botany, and rudiments of Latin. Graduates of colleges and academies are not required to submit to this examination. (2.) The colleges shall, as soon as possible, adopt the three years' course of study, comprising three terms of lectures, graduated as to their subjects, each term embracing not less than eighteen weeks; the first term comprising elementary branches, and the second and third the more advanced and practical branches. At the beginning of the second and third terms there shall be examinations on the subjects taught in the first and second terms, which examinations, if successfully passed, shall be *final* as to those subjects. (3.) The curriculum of study in a homœopathic medical college shall embrace the following subjects: Anatomy in all its branches; Chemistry and Toxicology; Physiology and Histology; Materia

Medica, Pharmacy, and Botany; Surgery in all its branches; Institutes and Practice of Medicine; General and Special Pathology and Diagnostics; Obstetrics, Gynæcology, and Paidology; Psychological Medicine and Medical Jurisprudence. Surgery, Practice, and Obstetrics should be abundantly illustrated by clinics. (4.) The number of professors to each medical college should be greatly increased beyond the usual number, in order that the division of labor thereby attained may render practicable the recommendations already made respecting the terms and curriculum of study, and in order that specialism in teaching may be introduced as far as practicable. (5.) Graduates of other medical colleges may receive a diploma from a homœopathic medical college, upon satisfactorily passing an examination before the faculty in all the branches embraced in the curriculum of subjects taught in the college. (6.) Where practicable, examinations for the degree of Doctor of Medicine should be conducted in public, and especially in the presence of a board of censors, not less than three in number, each of whom should be a member of the American Institute of Homœopathy. (7.) The American Institute of Homœopathy disapproves the granting of special degrees. (8.) The American Institute of Homœopathy approves and recommends efforts to secure the endowment of homœopathic medical colleges, professorships, and scholarships.

Noble words were spoken for the colleges, and the whole Institute seemed to be fired with enthusiasm. Professors O. B. Gause, of the Philadelphia school, and T. P. Wilson, of the Cleveland school, eloquently urged upon the profession their responsibility in the matter, and besought them to send forward as students none who were not in every way calculated to do honor to homœopathy; and pledged that the colleges would do all in their power to come up to the standard of the Institute. The following resolutions, pertinent to the whole subject, were unanimously adopted:

Offered by *Dr. J. D. Buck*, of Sandusky, Ohio:

“*Resolved*, That the resolution relating to qualification (preliminary) apply to all students whose term of pupilage shall commence subsequent to the year 1870, and that every effort be made to acquaint the profession at large with the action of the Institute ”

Offered by *Dr. O. B. Gause*, of Philadelphia:

“*Resolved*, That each member of the American Institute will best subserve the interests of homœopathic medicine by using great care to avoid

receiving any student of medicine into his office who has not, or who cannot give evidence of possessing, the preliminary education recommended in the report of the Committee on Education.”

Offered by *Dr. G. D. Beebe*, of Chicago:

“*Resolved*, That candidates for membership in this Institute, who shall graduate later than 1873, shall be required to present evidence of having attained the standard of qualifications adopted by the Institute.”

Here, then, is something practical, arrived at by the consent of all the parties. The Institute expresses its views of what constitutes an elevated standard of medical education, promises to encourage no one to study medicine who is not fitted for it by education, and closes its doors, after a certain date, against all who do not come up to the established standard; while, on the other hand, the colleges express their determination to do their part towards carrying out the plan, if *aided and encouraged by the Institute*. This is very different from the superficial vaporings of the old school on the same subject; and if carried out in good faith by the Institute and the colleges, we may reasonably look for even a more rapid advancement of homœopathy towards perfection in the future, than marks the *splendid achievements* of the men of yesterday and to-day.

HOMŒOPATHIC DISPENSATORY.

The following resolution in regard to the publication of a “Homœopathic Dispensatory,” offered by Dr. R. Ludlam, of Chicago, was unanimously adopted.

“*Resolved*, That the Institute order the preparation of a Homœopathic Dispensatory, to be submitted to the Institute before publishing.”

The Committee on Dispensatory have power to add two to their number, and to call to their aid such experts as may be required in the preparation of this great and invaluable work. The members of the committee have, hitherto, worked with great ability and industry, and no doubt the profession will soon be placed in possession of the results of their completed labors.

MEMBERSHIP.

It will be seen, by the passage of the following resolutions, that additional precautions have been taken to guard against the reception into membership of improper persons:

"*Resolved*, That the censors be required to state in what medical college and year applicants for membership graduated, and that this statement be published with the names of members, after their admission."

"*Resolved*, That in all applications for membership, the *full name* of the applicant shall be given, and that at least *one member* of the Institute who shall sign the application, as an indorsement, shall be *personally acquainted* with such applicant."

STANDING RESOLUTIONS.

The following standing resolutions were adopted:

"*Resolved*, That the reading of reports of committees be limited to fifteen minutes, and if said reports are too lengthy to be read within that time, the committee should present a brief statement of the contents of the report, or read by title, as they elect, before it is referred to the appropriate committee."

"*Resolved*, That each new bureau, respectively, shall be appointed immediately after the business and discussion of the report of the past year shall be ended."

"*Resolved*, That the chairman of each Bureau shall call it together after such appointment, before the end of the Annual Meeting, to arrange its work for the year."

"*Resolved*, That after the presentation of all the papers belonging to a Bureau, they shall be called up in order, for discussion and disposition."

MISCELLANEOUS RESOLUTIONS.

"*Resolved*, That there be a standing *Committee on Legislation*, the duty of which shall be to look after and influence, as far as possible, all legislation, in the General Government, or any of the States or cities of the country, in anywise affecting the interest of homœopathy, or of its practitioners." [Offered by Dr. J. P. Dake.]

"*Resolved*, That the present session of the Institute be known as the twenty-seventh Anniversary." [Offered by Dr. I. T. Talbot.]

WESTERN INSTITUTE OF HOMŒOPATHY.

This organization was fully merged into the American Institute, its archives were ordered to be passed into the hands of the Secretary of the American Institute, its funds into the hands of the Treasurer of the American Institute, and its membership referred to the Board of Censors of the American Institute.

REPORT OF COMMITTEE ON CREDENTIALS.

Dr. H. M. Smith, chairman, reported the number of physicians present who had handed in their names to be 118, of whom 85 were members of the Institute; and that there were represented by delegates, two general societies, the Western Institute of Homœopathy, and the American Institute of Homœopathic Pharmacy; eighteen State So-

cieties; fifty-two Local or County Societies; eighteen Hospitals or Asylums; thirty-one Dispensaries; ten Colleges, and ten Journals. [This report was made on the first day of the meeting and is very far from representing the actual number of members present. There were probably about two hundred members present.]

HOMŒOPATHIC INSANE ASYLUM.

Dr. H. N. Guernsey offered the following preamble and resolution, which were adopted:

"Whereas, The Legislature of the State of New York, through the efforts of our colleague, Geo. F. Foote, M.D., has granted a charter with an appropriation of \$150,000 to aid in building an Asylum for the Insane, at Middletown, Orange County, New York, said sum to be paid when a like amount is raised from other sources; and

"Whereas, By the conditions of the bill granting such charter and aid, the officers and trustees of this Institution are to be of the Homœopathic faith, and the treatment of the patients is to be in accordance with the principles of Homœopathy, therefore

"Resolved, That we recognize the importance of the first Homœopathic Asylum for the Insane in the world, and that we cordially recommend its construction and support."

Dr. Foote then addressed the Institute on the subject of the establishment of this Asylum, urging its importance to Homœopathy, as well as on the ground of its usefulness to the afflicted. He stated that \$60,000 of the \$150,000 required, had been already subscribed.

ANNUAL ADDRESS.

The Annual Address was delivered at Crosby Music Hall, on the evening of the first day of the session, by Carroll Dunham, M.D., of New York. A large number of ladies and gentlemen were present, in addition to the members of the Institute. Dr. Dunham had chosen, as a subject for the address, "*Freedom of Medical Opinion and Action: a Vital Necessity, and a Great Responsibility.*"

In our necessarily limited space, it would be impossible to give such synopsis or extracts as would, in any degree, represent the beauty and force of this earnest, eloquent, and brilliant effort. It was a glorious appeal for the largest liberty of medical opinion, written and delivered in Dr. Dunham's best and happiest style; saying which, further comment is unnecessary.

THE FESTIVITIES.

Notwithstanding the great amount of work done by the Institute, not all the time was devoted to business; for the good people of Chicago, doctors and laymen, took good care that it should not be. In addition to the pleasant preliminary gathering at Dr. Smith's, a "reception," by Hon. Thomas Hoyne and wife, a "grand banquet" at the Tremont House, given by the physicians of Chicago and vicinity, the laying of the cornerstone of the new Hahnemann Medical College building, and a subsequent feast, noonday lunches, a visit to the Chicago Art Gallery, &c., formed delightful interludes to business hours.

At the "*reception*," the presence of ladies, music, dancing, an exhibition of microscopes, and the genial hospitality of Mr. and Mrs. Hoyne, secured the enjoyment of all present.

The "*grand banquet*," at the Tremont, was truly a magnificent affair, rarely equalled, and never surpassed. There actually seemed to be no end to the good things, and the "tables groaned" beneath their weight. [Possibly some members of the Institute "groaned" afterwards.] The usual speech-making followed the banquet, in which Gov. Bross, of Chicago, and Drs. D. S. Smith, Thayer, Dunham, Talbot, Williamson, Gause, Wilson, McManus, and others, in responding to sentiments proposed by Dr. Ludlam, toast-master, acquitted themselves most admirably.

The "*cornerstone laying*" gave rise to a very interesting and impressive occasion; marking, as it does, the *substantial* progress of Homœopathy in the Northwest. The members were conveyed to the site of the new building in omnibuses. Dr. A. E. Small, President of the College, with a few well-timed remarks, stated the object of the gathering, and introduced Rev. Dr. Jennings, who followed with prayer. Appropriate documents were then deposited in the cornerstone, which was "laid" by Dr. Small; who followed with a brief address. The party then adjourned to the "Scammon Hospital" (a noble monument of beneficence), where was found an abundant supply of good things. Brief addresses were made by the Hon. J. Y. Scammon, H. M. Smith, Esq., Drs. Holt, Williamson and others.

It might have sufficed to say that the Institute was

treated with *Western hospitality*; but we have thus particularized that those not present might have some idea of the nature of the festivities.

EDITORIAL ASSOCIATION.

On Wednesday evening, June 8th, the editors of Homœopathic medical journals, assembled in Chicago, "took tea" with Dr. Ludlam, and afterwards formed an "*Editorial Association*," to be composed of editors and associate editors of our journals; for the mutual understanding of its members, elevating the standard of Homœopathic medical journalism, and for the general good of the profession. Dr. I. T. Talbot was chosen President; Dr. R. J. McClatchey, Secretary; and Drs. T. C. Duncan, R. J. McClatchey and W. T. Helmuth, Censors. Dr. E. A. Lodge was appointed delegate to the American Institute of Homœopathy.

REPORT OF PROCEEDINGS.

To the enterprise of Mr. Halsey, publisher, and the self-sacrificing labors of Dr. T. C. Duncan, editor of the "*Medical Investigator*," the Institute is greatly indebted for the publication of the daily proceedings in pamphlet form, by means of which the business of each session could be reviewed and the minutes corrected at once. The labors of Dr. Duncan were most devoted, and he richly deserved the hearty vote of thanks accorded him. By a vote of the Institute, members who have paid their dues will be furnished with copies of the Daily "*Medical Investigator Extra*." Our acknowledgments are due to Dr. Duncan, for enabling us to make up this report.

THANKS.

Dr. W. E. Payne offered the following resolutions, which were unanimously adopted:

"*Resolved*, That the sincere thanks of this Institute be, and are hereby tendered to its presiding officers for the very able, efficient, and satisfactory manner in which they have discharged their respective duties; to the subordinate officers and Bureau Committees, for the faithful manner in which they have discharged the duties belonging to their several offices, and especially to Dr. Duncan, and to those members of the profession of Chicago (the Committee of Arrangements) who have been unwearied in their efforts to have our proceedings faithfully and correctly reported and published daily in *The Medical Investigator Extra*."

“Resolved, That both collectively and individually, we tender to the homœopathic physicians of Chicago, our hearty and sincere thanks for the cordial manner in which they have received and sustained the American Institute of Homœopathy, during its present session; the citizens, for their kind and courteous bearing toward us, during our stay among them; and to the press of Chicago, who have faithfully and impartially reported our proceedings.”

TWENTY-EIGHTH ANNIVERSARY.

Dr. Williamson, delegate from the Philadelphia Medical Society, and Dr. Guernsey, Chairman of the Delegation from the Pennsylvania State Medical Society, jointly and severally, in the name of the Societies they represented, invited the Institute to meet in Philadelphia, in June, 1871; whereupon, *“The Institute adjourned to meet in Philadelphia on the first Tuesday in June, 1871.”*

OUR TRIP

Was most pleasant throughout. First to Erie, to attend the meeting of the Pennsylvania State Medical Society, where we received the hospitalities and greetings of the Erie physicians (Drs. Blakely and Faulkner); thence to Cleveland (where Sunday was spent in the company of those *delightful* fellows, the Cleveland homœopathists), and thence to Chicago. The return trip over the Pittsburgh, Fort Wayne, and Pennsylvania Central Railroad was delightful. The magnificent scenery presented at many points of this route, particularly east of Pittsburgh, the splendid appointments of this grand trunk railway, and the uniform courtesy and attention of the officials, took away all the disagreeable features of a long journey, and left for us nothing but the pleasures of travel. We would say to all friends going west or coming east, try the Pennsylvania Central, and you will indorse it as heartily as we do, for comfort, safety, and speed.

OFFICERS.

President.—D. H. Beckwith, M.D., Cleveland, Ohio.

Vice-President.—J. T. Temple, M.D., St. Louis, Mo.

General Secretary.—Reuben Ludlam, M.D., Chicago.

Provisional Secretary.—T. C. Duncan, M.D., Chicago.

Treasurer.—E. M. Kellogg, M.D., New York.

Censors.—F. R. McManus, M.D., Baltimore; L. E. Ober, M.D., La Crosse, Wis.; G. D. W. Beebe, M.D., Chicago;

R. J. McClatchey, M.D., Philadelphia; T. P. Wilson, M.D., Cleveland.

APPOINTMENTS.

Orator.—T. P. Wilson, M.D., Cleveland, Ohio.

Alternate.—G. D. W. Beebe, M.D., Chicago.

Bureau of Materia Medica and Pharmacy.—C. Wesselhæft, M.D., Boston; Walter Williamson, M.D., Philadelphia; W. E. Payne, M.D., Bath, Maine; E. M. Hale, M.D., Chicago; J. P. Dake, M.D., Nashville, Tenn.; Carroll Dunham, M.D., New York; H. N. Guernsey, M.D., Philadelphia; T. S. Hoyne, M.D., Chicago; W. W. Rodman, M.D., New Haven, Conn.; T. Bacmeister, M.D., Toulon, Ill.; J. S. Douglass, M.D., Milwaukee, Wis.

Bureau of Clinical Medicine.—S. M. Cate, M.D., Salem, Mass.; G. E. Belcher, M.D., New York; D. H. Beckwith, M.D., Cleveland, O.; J. C. Burgher, M.D., Pittsburg, Pa.; N. F. Cooke, M.D., Chicago; W. H. Holcomb, M.D., New Orleans; F. B. Mandeville, M.D., Newark, N. J.; A. T. Bull, M.D., Buffalo, N. Y.; J. T. Temple, M.D., St. Louis, Mo.

Bureau of Obstetrics.—R. Ludlam, M.D., Chicago; H. N. Guernsey, M.D., Philadelphia; J. H. Woodbury, M.D., Boston; T. G. Comstock, M.D., St. Louis; E. M. Kellogg, M.D., New York; J. C. Sanders, M.D., Cleveland, Ohio; N. R. Morse, M.D., Salem, Mass.; A. M. Cushing, M.D., Lynn, Mass.; O. B. Gause, M.D., Philadelphia; C. H. Haeseler, M.D., Pottsville, Pa.

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EDITORIAL NOTES.

ONE of the last acts of the N. Y. Legislature, at its recent session, was the passage of a law appropriating \$150,000 for a State Lunatic Asylum, to be located at Middletown, Orange Co., N. Y. The Institution is to be known as the Homœopathic Asylum for the Insane, and the medical treatment therein is to be conducted upon the homœopathic system of therapeutics. The Comptroller of the State is authorized to pay the sum appropriated, when he is satisfied that an equal amount has been secured by private subscriptions.

Another law was passed authorizing the N. Y. Sinking Fund Commissioners to lease, for four hundred years, suitable grounds for the Hahnemann Hospital, near Central Park, in the City of New York. The terms of the lease provide for a nominal rental of twelve dollars per year, so long as the building is used solely for the purposes indicated in the act. An appropriation of \$20,000 was made towards a building fund.

In this connection, the Albany (N. Y.) *Argus* says:

"The representative status of the adherents of homœopathy, in their society organizations in this State, is very nearly equal to that of the allopathic school, and, as they pay a fair proportion, one-third to one-half of the taxes, it is proper that they should receive a proportionate amount of the appropriations for the support of State medical institutions; accordingly we find that the \$200,000 voted this year to homœopathic organizations is nearly one-third the total amount appropriated.

"During the past thirty years the State Government has disbursed many millions for the support of allopathic medical enterprises. This, the first apportionment of State institutions under homœopathic auspices, may be succeeded by the establishment of a like character, until the number shall equal those at present under allopathic direction."

PERSONAL.—McGEORGE.—Wallace McGeorge, M.D., has removed from Hightstown, N. J., to Crescent, Saratoga Co., N. Y. Dr. J. R. Johnson, formerly of Philadelphia, has taken Dr. McGeorge's place at Hightstown.

McCLELLAND.—Dr. James H. McClelland has removed his office and residence to No. 316 Penn Street, Pittsburgh, Penna.

DICKERMAN.—Dr. S. B. Dickerman, a graduate of Hahnemann Med. College, has located at Ipswich, Mass.

VOLUME SIXTH.—We desire to call the attention of our readers to the Prospectus for Volume Sixth, on second page of cover. It will be seen that eight additional pages per month will be given, without additional cost.

PUBLICATIONS RECEIVED.

UTERINE FIBROID TUMORS. *A Lecture delivered at the Hahnemann Medical College of Philadelphia.* By Henry Minton, M. D., of Brooklyn. Reprinted from the Seventh Volume of *Transactions of the New York State Medical Society.*

This Lecture afforded us great satisfaction at the time of its delivery, and we are pleased to welcome it in pamphlet form. The learned author goes over the ground with considerable minuteness, and gives, at a cursory view, the most important points relating to its subject—uterine fibroids. Heretical as it may seem, however, we are not disposed to receive (without qualification) the assertion of Bayle (quoted by Dr. M.), that “of all women dying beyond the age of thirty-five years, thirty per cent. are thus affected,” or that of Klob, who declares that “undoubtedly *forty per cent.* of the uteri of females who die after the fiftieth year contain fibroid tumors.” The assertions of specialists are always to be taken *cum grano salis*, and this is more particularly true with those of Gynecologists.

TEN CASES IN SURGERY. By William Tod Helmuth, M. D., of St. Louis, Mo. Reprinted from the Sixth Volume of *Transactions of the New York State Medical Society.*

These cases, from the ordinary practice of this distinguished surgeon, are very interesting. They consist of two cases of Amputation of the Thigh, Removal of Superior Maxillary Bone, Rhinoplastic Operation, Fibroid Polypi of the Uterus, Polypus of the Rectum, Mammary Tumor, Resection of Tibia, Resection of Elbow Joint, and Lithotomy. Of these, we may remark, the Rhinoplastic operation, and the removal of the Superior Maxillary Bone are particularly noticeable; the one for the nicety of adjustment displayed, and the other for the boldness and dexterity of the operation. The most prejudiced of our opponents in medical faith would now hesitate to declare that “homœopathists are not surgeons,” and, we believe, Professor Helmuth has done more than any other member of our school to bring “homœopathic surgeons” into repute.

ENCEPHALOID DISEASE. By Bushrod W. James, M. D. This is likewise a reprint from the *Transactions of the New York State Medical Society*, in which the author gives the points of distinction between this form of malignant growth and others, with an account of some cures under homœopathic treatment of (supposed) encephaloid, and relates the history of a case which came under his own observation, and which terminated fatally, after involving almost the entire body of the patient, a little girl.

PROCEEDINGS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO
Fifth Annual Session, convened at Cleveland, February 16th and 17th,

1869. This pamphlet of 112 pp. contains a great deal of valuable and interesting matter, and is very creditable to the society from which it emanates. The papers are nearly all good, and give evidence that the members of the society, who prepared them, are men of thought and of experience. There are some things presented in this report, however, which admit of grave doubts as to their being creditable to Homœopaths, and yet such things invariably result in good when introduced to our Medical Societies, as they commonly excite the true Hahnemannian spirit of the majority, who follow the principles of Homœopathy with strictness.

TRANSACTIONS of the Fourth Annual Session of the Homœopathic Medical Society of the State of Pennsylvania. 1869. Philadelphia.

This is a handsomely printed pamphlet of 134 pp., containing the minutes of the session of the State Society held at Wilkesbarre, May 18th and 19th, 1869, together with the reports and papers read thereat, and the Annual Address, by J. C. Burgher, M.D., of Pittsburg. The Surgical Papers, Dr. Williamson's report on New Remedies, Dr. Raue's "Practical Therapeutic Hints," and Dr. Koch's report on Skin Diseases, may be mentioned as particularly interesting and valuable, without in the least detracting from the merits of other papers presented.

TAFEL'S "PRICE CURRENT OF HOMŒOPATHIC MEDICINES AND PUBLICATIONS." This catalogue, gotten up in most excellent and durable style, is an exhibit of the enterprise of an individual, and is intended, of course, to further personal interests; and yet, at the same time, it is a public benefaction; as the Homœopathic physician, far away from a pharmacy or book store, may here see the list of journals, with their prices, the latest as well as the earliest publications of all schools of medicine in all modern languages, with their prices, may order anything he may need, medicines, vials, corks, instruments (the latter of most reliable quality and excellence), etc., intelligently, knowing in advance exactly how much he will have to pay. We have no doubt but that Mr. Tafel will furnish a copy of the "Price List" on application.

A LARGE number of new publications are on our table, including "Diseases of the Eye," by H. C. Angell, M.D.; "Lectures, Clinical and Didactic," by R. Ludlam, M.D., "Boenninghausen's Hooping Cough," by Carroll Dunham, M.D. These shall receive proper attention in due course.

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Closing one eye. gels.

— *when falling asleep. con.*

Winking. caust.

*Looking fixedly. agar. alum. alum. am-c. am-m. anac. anac.
aur. bar-ac. bar-c. carb-v. carb-v. castoreum. cham.
chin-sulph. cic. cine. cinnab. cobalt. dros. eug. eug.
gels. gins. kali-bich. kreas. lact-v. lachnanth. laur.
lyc. magn. mang. natr-m. nitr-ac. petr. petr. phos-ac.
rheum. rhod. rhus. rhus-v. seneg. spig. spong. staph.
stront. sulph. sulph-ac. tab. tax-b. thuy.*

Looking long. agar. caust. lachnanth. rheum. ruta.

Looking sharply. calc. merc.

*Looking up. alum. alum. ars. bar-ac. carb-v. croton. kali.
mang. sabad. sabin. zinc.*

Looking down. acon. alum. bar-ac. kalm.

Looking around. acon. bar-ac.

Looking straight. seneg.

Looking sideways. chin-sulph. magn-s. oleand. seneg. stront.

Looking into air. sulph.

Looking out of window. am-m.

Looking at near objects. mang.

Looking at distant objects. cactus. dig. rat.

Looking up the wall. cinnab.

Looking at white things. graph. phos. tab.

Looking at snow. ars. kali. phos.

*Looking into light. amphisb. ars. euphr. kali. kreas. lyc.
magn-m. sabad. therid.*

Looking at bright things. comoclad. grat. phos-ac.

Looking into fire. magn-m.

Looking at small things. dros. eupat-perf.

Looking suddenly in dark. phos-ac.

Looking away for a moment. phos-ac.

Holding a finger vertically before nose. gels.

Wearing spectacles. borax.

Weeping. borax. calc. spig.

*Exerting eyes. alum. bar-c. carb-v. croc. dros. mang. nicc.
petr. phos. plat. ruta. sars. staph. stront.*

*Reading. agar. agnus. alum. alcohol-s. am-c. apis. asar. ars.
ars-met. bell. berb. branca. brom. bry. calc. calc-caust.
caust. chin. cina. comoclad. con. crotal. croc. cycl.
dros. dulce. gent-cr. gins. graph. grat. hep. hæm. hyos.
ign. kali. kalm. lach. lachnanth. lith-c. lyc. magn.
mang. meny. mercurial. merc. mez. mill. natr. natr-m.
natr-s. nitr-ac. oleand. petr. phos. phos-ac. phytolac.*

Reading. puls. rhod. rhus-v. rhus-ven. ruta. sars. seneg. sep. sil. stram. staph. sulph. sulph-ac. tab. tongo. thuy. viol-od. zinc.

— *small print.* coff. meph.

— *by candle light.* lach.

After reading. lith-c.

Writing. alum. arg-nit. calc. canth. clem. cobalt. ferr. grat. graph. hep. kali. kali-bich. lachnath. lact-v. lyc. mercurial. mez. natr. natr-m. ol-an. phos-ac. rhod. rhus-ven. seneg. sep. staph. thuy. zinc.

Sewing. am-m. lact-v. mercurial.

Light. am-m. asar. bar-c. bell. bry. calc. caust. cobalt. croc. dig. eryng. euphr. graph. hep. kali-bich. kreas. lyc. magn. magn-m. mang. mercurial. merc. nux. phytolac. puls. sabad. sars. sep. staph. stram. sulph-ac. therid. thuy.

Sunlight. asar. cobalt. graph. hep. m-arct. magn-m. mercurial. puls. stram. sulph. zinc.

Artificial light. am-m. arg-nit. ars. aselep-tub. berb. borax. bov. calc. calc-caust. carb-an. cina. comoclad. corall. croc. eleis. graph. graph. ign. kali. laur. lob-c. lyc. magn-m. magn-s. mang. merc. mercurialis. natr-s. nice. nitr-ac. nux-m. ol-an. petr. phos. phos-ac. phytolac. plat. puls. rat. rhus-r. ruta. sars. seneg. sep. sulph. tilia.

On coming into light from room. cobalt.

Twilight. acon. am-m. arg-nit. bar-c. dig. lyc. natr-m. phos. sulph-ac. thuy.

Shading eye from light. phos.

Dark. alum. am-m. arg-nit. bar-c. calc. lyc. phos. staph. stront. thuy. val.

Moving head. cham. comoclad. puls.

Moving head suddenly. lachnanth.

Turning head backwards. seneg.

Inclining head to shoulder. gels.

Raising head. ars.

Moving facial muscles. spig.

Rising. ant-t. hep. ol-an. ox-ac. puls. staph. verat.

Rising from bed. cina. merc-iod.

After rising from bed. cimicif. merc-iod. ran-bulb. rhus. rhus-r. val. zizia.

Lifting. tereb.

Stooping. acon. colb. col. colch. comoclad. dros. fluor-ac. lact-v. mercurial. merc-iod. natr-m. seneg. therid. val. zizia.

Exercise. sulph.

Violent exercise. calc.

Getting warm from exercise. puls.

Motion. cuprum. phytolac. spig. tab.

Walking. acon. agar. anac. ant-t. carb-v. con. dule. elaps.
euphr. gamb. hep. lach. lach. led. natr-m. natr-m. ol-an.
ox-ac. puls-nutt. sabad. sep. sulph. sulph-ac. tab. tereb.
thuy. verat-vir. zizia.

Going up stairs. cimicif.

Anger. sep.

By effort of will. gels.

Mental exertion. cina. cryng. meny. ran-bulb.

Noise. merc-iod.

Blowing nose. alum. caust. natr-m. natr-s.

Smelling camphor. kali-nitr.

When eating. lith-c. merc. natr-s. sulph.

After food. agar. bar-c. calc. dig. grat. ign. lact-v. lith-c. magn.
meny. meny. natr. natr-s. ol-an. op. phell. phos. sulph.
verat. zinc.

By wine. agar.

By coffee. allium-cepa.

Vomiting. raph. tab.

After vomiting. ant-t.

After urinating. eug.

Before menses. bell. lyc.

During menses. calc. castoreum. gins. graph. lith-c. lyc.
magn. nicc. nitr-ac. puls. sep. sil.

Talking. merc-iod.

Coughing. eupat-perf. kali. kali-clor. sabad.

Sneezing. am-c. kali-chlor.

Yawning. sabad. staph. sars.

On going to sleep. col. con. lyc. natr-c.

During sleep. verat.

After sleep. croc.

After siesta. calc. chin. con. ign. lyc. magn-m. verat.

On waking. æth. alum. am-c. am-m. apocyn-cann. arg-nit.
calc-ac. cainca. caust. cham. cina. coccus. croc. dig.
elaps. euphorb. hell. hep. hydrast. kali. kali-bich.
kreas. lyc. magn. natr. nicc. ol-an. phos. plumb. puls.
rat. rheum. rhod. rhus-r. rhus-v. sars. sep. sol-t-ægr.
staph. sulph. tarax. thuy. therid. zinc.

Hot weather. sulph.

Warmth. bry. comoclad. eryng.

Near fire. natr-s.

Damp. crotal.

Wind, asar. euphr. lye. natr-m. phos. puls. thuy.

Cold air, allium-cepa. elem. cobalt. dig. dule.

Cold, arg-nit. asar. dule.

Draft of air, thuy.

Catching cold, dule.

Washing, laur. natr-s.

Cold washing, alum. alum. am m. am m. caust. elaps. kali-nit.

kali-nitr. kali. magu-m. mur-ac. nice. nice. phos-ac.
sep. thuy.

Application of saliva, natr.

Riding in carriage, natr-m.

Driving, lith-c.

Warm covering, thuy.

Uncovered, thuy.

During the chill (of fever), cinchon-s. eupat-purp.

After the chill, nice.

During the fever, bell. eupat-purp.

By touching the object looked at, laur.

From pain, sabad.

After suppressed syphilis, nitr-ac.

From abuse of mercury, nitr-ac.

From foreign bodies, acon. sulph.

From being wounded, euphr.

After surgical operations, croc.

CONCOMITANTS.

Loss of consciousness, sars.

Absence of mind, zinc.

Anxiety, arg-nit. calc.

Dull temper, sars.

Loss of ideas, nux-m.

Inability to work, phos.

Mental excitement, phos.

Gloominess of head, rheum.

Confusion of head, carb-v. chin-s. natr-s. nux-j. nux-m.
phos-ac. rhod. thuy. zinc.

Stupefaction, acon. ars. cicc. cycl. mosch. natr-s. nitr-ac. nux.
phos. sec. stann. thuy. zinc.

Vertigo, acon. ant-t. bapt. carb-v. cicc. coff. comoclad. croton.
dig. euphorb. evon. gels. gins. gran. hura. hydr-ac.
lach. magn. meny. merc. mosch. natr. natr-m. op.
ox-ac. phytolac. phell. phos. puls. ran-bulb. raph.
rhus-r. sabad. sabin. spig. stram. sulph. tab. tereb.
tilia. vinca. zinc.

Headache. acon. agar. agnus. allium-cepa. aloes. arg. badiaga. bell. bism. bov. calend. canth. cann. carb-v. caulloph. cistus. cimicif. cobalt. con. coce. croc. crotal. euphr. gins. glon. hippom. indig. kali. lach. lith-c. lyc. magn-m. meph. mercurial. merc-iod. natr. natr-m. nitr-ac. nux-j. phos. plat. puls. puls-nutt. sep. spong. sulph. tab. tax-b. viol-od. zinc. zingib.

Headache. (same pain.) acon. arg. bism. calc. cimicif. col. con. croc. crotal. gins. led. lyc. myrica. nice. ox-ac. puls. ran-bulb. senecio-aur. selen. sep. stram. sulph. sulph-ac. tab. zinc.

Shooting headache. lyc.

Drawing digging shooting. ox-ac.

Frontal headache. arum-tr. cobalt. ox-ac. plantago.

Jerking frontal headache. borax.

Frontal headache. (same pain.) agar. aloes. bism. cimicif. col. erigeron. gent-lut. hura. merc-biniod. mercurial. ox-ac. phytolac. stront. tab. urt-ur.

Pain over left eye. sep.

— (same pain.) acon.

Pain on vertex. cobalt.

Right parietal bone (same pain.) urt-ur.

Crampy, one sided. sars.

Temples. (same pain.) badiaga. mercurial. podoph.

Pain in temples. lith-c. podoph.

— in R. temple. sabad. zinc.

— id L. temple. anac. nitr-ac. senecio-aur.

— — (same pain.) gymnocl.

Tearing in temples. spong.

Scalp (same pain.) calc.

Pain in frontal scalp when touched. lach.

Congestion of head. carb-v. lach.

Fullness of head. cinnab.

Heaviness of head. gins. natr. nux-m.

Heat of head. sep. stram.

Itching of head. calc.

Oppression of head. sars.

Head pressed backwards. merc.

Throbbing of temporal arteries. podoph.

Earache. dros. nitr-ac.

— (same pain) cimicif.

Burning in ear. croton.

Beating in ear. sil.

Deafness. ars. hydr-ac. plumb. puls. sec. sep. stram.

Noise in ears. indig. phos. sil. verat.

Every word reverberates in head. sars.

Itching of ears. bov. natr-s.

— *of opposite ear.* natr-s.

Pain in nose. agar. bisin. bry. cupr-ars. l. caulloph. crotal.
ran-bulb. rhus-r.

— *(same pain.)* cupr-ars. l.

Itching of nose. eug. sars. sulph.

Swelled nose. coce.

Dryness of nose. bell.

— *of R. nostril.* petr.

Coryza. allium-cepa. cinnab. cobalt. lyc. magn. mercurial
teucr.

— *acrid.* allium-cepa.

As if coryza were coming. alum.

Epistaxis. ferr. ox-ac.

Stopped up. sars.

Wretched look. zinc.

Face ache. lyc.

— *(same pain.)* merc. biniod.

Heat of face. aloes. arg-nit. bov. grat. hell. mercurialis. verat.

Inflamed face. croton.

Swelled face. bell. bry. cinnab. natr. sulph. stram. vipe-r.
viper-t.

— *feeling of.* alum. lach.

Face convulsed. acon. bell.

— *dry.* petr.

— *red.* bell. cimicif. lachnanth. merc-corr. op. stram. verat.

— *pale.* camph. caps. hura. puls. sabin. teucr.

— *sweat on.* natr-s. sulph.

Pimples at corners of lips. rhod.

Pain in malar bone. col. merc-iod. oleand.

— *(same pain.)* merc-iod. l. col. r.

Pain in upper jaw. tab.

Pain inside lower jaw. senecio-aur.

Mouth dry. bell.

— *waters.* tab.

— *spasm hindering speech.* mosch.

Tongue swelled. stram.

Toothache. croc. indig.

Grinding of teeth. stram.

Throat, mucus in. ran-bulb.

— *smarting in.* ran-bulb.

— *dry.* bell.

— *(same pain.)* merc-biniod.

Stomach, emptiness of. tax-b.

— *pain in.* lith-c. tab.

Loss of appetite. stram. verat.

Nausea. ars. borax. calc. cimicif. kalm. kali. lith-c. magn-m.
natr. natr-s. puls. sep. tab. therid.

Eructation. kalm. natr. petr. ran-bulb. verat.

— *sour.* petr.

Thirst. allium-cepa. stram.

Abdomen, pains in. bell. kalm. stram.

Hypochondria, pressure in. sulph.

Tenesmus with stool. natr.

Piles. lach.

Urethra, burning in, natr.

Sexual desire. natr.

Slow breathing. nux.

Dyspnœa. sep.

Chest (same pain) gymnocl.

— *oppression of.* natr-s.

Back (same pain.) cobalt.

Neck convulsed. ars.

— *itching.* calc.

Limbs, weariness of. sars.

Limbs, tearing in. sep.

Cramps, alternate in hands and feet. bell.

Arms, pains in. kalm.

— *convulsed.* bell.

Shoulders, pain in. lach.

Hands, pains in. kalm.

— *cold.* therid.

Raises hands above head. verat.

Legs, pain in. kreas. lach.

Feet, pains in. kalm. sang.

— *(same pain.)* sang.

— *cold.* cham.

Legs convulsed. bell.

Sleepiness. acon. agar. eryng. euphor. eupat-purp. ipec. kali.
lith-c. lyc. magn-s. mang. mur-ac. natr. ol-an. phell.
plumb. plat. spong. stram. tarax. zinc.

Sleeplessness. acon. verat

Yawning. ran-bulb.

Chilliness. cham. kreas. rhus.

Pulse quick. alcohol-s. phos.

— *slow.* asclep-tub.

Heat. lach. sep. verat.

Evening fever. led.

Sweats. calc. ox-ac. stram.

Weakness. therid.

Weariness. bell. kreas. sars.

Trembling. bell.

Faintness. croton. sil. sulph-ac.

Compels to lie down. ars. sars. therid.

Epilepsy. æth. sil. sulph.

With sensations as if the objects were near him without looking. val.

As if he would fall. natr-s.

PECULIAR SYMPTOMS.

Pinching pain in head as if eyes would fall out. cham.

As if eye would fall out. crotal-case.

— *were coming out.* acon. alum. cann-ind. kali-nit. lach. magn-m. mang-s. nux.

— *bored into with fingers and torn out.* allium-cepa.

— *forced out.* aur. bell. berb. bry. carb-v. calc-caust. camph. carduus. caust. cocc. comoclad. crotal-case. gymnocl. l. hell. laur. led. lyc. m-arct. magn. mercurial. natr-m. paris. petiveria. phos-ac. ran-bulb. rhus. seneg. sep. sil. thuy. zingib.

— *pressed asunder.* asar.

— *turned up by force.* arn.

— *pressed into head.* acon. asterias. bapt. bell. borax. calc. caust. corall. kali. phos-ac. zinc.

— — *on top, downwards and outwards.* bapt.

As if he had not slept. benz-ac. guiac.

Inclined to wipe eyes. agar. croc.

— *close eyes.* ant-t. calc. croc.

As if something moved in eye. carb-an. cist.

Feel loose. carb-an.

As if something hung before eyes. castoreum.

As if a skin were drawn over eyes. caust. ol-an.

As if something were on eye that ought to be wiped off. croc.

As if fallen in. china.

As if smaller. croc. grat. mercurial. merc-corr.

Look smaller. crotal. dig. r.

As if from weeping. croc. hyos. kreas. natr-m. spig. teucr.

As if blood pressed on optic nerve. aur.

Pressure around, as if eyes were held fast. borax.

Pressure inwards, as if closed too tightly, or lying deep in sockets. ambr. teucr.

Bubbling. berb.

As if she ought to press them in. calc.

Disposed to exert eyes by looking sharply. castoreum.

Feel as if looking through concave glasses. mez.

As if eyes were drawn together, compelling to wink. evon.
euphr.

Keeps eyes closed from dislike to see things. hell.

Uneasiness as when opened under water. kali-bich.

Difficult to look away from an object. kali.

*Frontal scalp drawn up with opening of eyes, then drawing
down of skin with closing of eyes.* lyc.

As if scraped with a knife from head downwards. puls.

Feel too large. cimicif. comoclad. r. lach. laur. mercurial. mez.
op. paris. phos-ac. phytolac. plumb. seneg. spig.

As if a band were round eyeballs. laur.

As if eye would fly to pieces. magn. l.

As if something were closing eyes. mercurial.

*Violent pain, as if a thread from centre of eye to head were put
on the stretch.* paris.

As if eye were pulled towards temple by a thread. crotal-casc.

Left eye smaller than right. squill.

Difficult to look down, with disagreeable feeling. rhus-ven.

As if a fluid flowed into eyes and distended them. senega.

Paralytic pain. graph.

As if drawn into head. bov. hep.

Rolling in eyes. eug.

As if depressed. cann. (B.)

Neuralgic pains. puls-nutt.

As if congested. sarrac-p.

As if a round weight were resting on it. lepid. r.

Constriction, as if strung together with a cord. amphisb. r.

As if something were passing around in eyes. cist.

As if the eye hung loose posteriorly by a string. allium-cepa.

*Throbbing from eye into temple and occiput, as though a liquid
were injected into a small vessel by successive strokes of
a piston.* coccus.

CHAPTER II.—HEAD.

IN this chapter I have made some alterations in the arrangement, as follows:—

1st. *Doubtful symptoms* are enclosed in brackets.

2d. The ciphers of the *anatomical regions* have been omitted, and the symptoms to which they would otherwise have been attached, are enclosed in brackets.

If, therefore, the name of a medicine is in brackets, it signifies either that the symptom is doubtful, or that the medicine does not strictly belong to that rubric; in the latter case the medicine will be found under its appropriate rubric.

3d. The "*direction*" of symptoms has been entirely transferred to Section III.

r or *l* in Section I. signifies that the symptom is stated in the provings to affect the *whole* of the right or left hemisphere of head.

Medicines in Section I., not in brackets, refer to the "head," or "brain" (so stated in the provings.)

SECTION I.—GENERAL CHARACTER.

Anxiety.

sars.

Brittle feeling.

natr-m.

Coldness.

(acon.) (agar.) (agn.) (alum.) am-c. (arg-nit.) (arg.) arn.
(asar.) (bar-c.) (bell.) (berb.) calc. (cann.) (caps.) (chel.)
(con.) (croc.) (crotal.) (electr.) (glon.) (graph.) (grat.)
(gamb.) hura. (hyp.) janipha. kali. (kali-hyd.) (lach.)
(laur.) (lob-infl.) (lyc.) (mang.) (merc.) mosch. (natr-m.)
(nux.) (ol-an.) paull. (pedic.) (petr.) (phell.) phos.
(phos-ac.) phytolac. (plat.) (rhod.) (rhus-r.) (sabad.)
(seneg.) (sulph.) (tilia.) (val.) (verat.)

As if brain froze. phos.

Alternates with heat. phos.

Confusion.

acon. (æscul-hipp.) æth. agar. agn. alcohol-sulph. (allium-cepa.) (aloes.) alum. ambr. ammoniac. am-carb. am-caust. am-mur. (amygd.) anac. ang. ang-sp. antha-kok. ant-t. apis. aranea. arg. arg-nit. arn. ars. (ars-cit.) (ars-iod.) (ars-met.) (arum-tr.) asaf. asar. aspar. (atham.) aur. bapt. bar-ac. bar-c. bell. benz-ac. berb. bism. borax. bov. brom. bry. (calad.) (calc-ac.) calc. calc-caust. calc-phos. (calend.) camph. cann. canth. caps. carb-an. carb-v. card. case. caust. (caulloph.) (cham.) (chel.) chenop. chin. chin-sulph. (chlor.) cic. (cimicif.) cimex. (cinnab.) cinch-sulph. (clem.) (cobalt.) coccus. cocc. coff. colch. col. con. corall. cornus-circ. croc. crotal. croton. (cupr.) (cupr-ars.) (cupr-iod.) (cycl.) dig. diosc. dros. (dulc.) (electr.) eugen. euphr. (eupat-purp.) ferr. fluor-ac. galv. gent-cr. gent-lut. gins. graph. (gran.) grat. guiac. hæm. hell. (hep.) hura. hydr-ac. hydrast. hyos. ign. (indig.) iod. (iris-v.) (jatroph.) kali-bich. kali-brom. kali. kali-chlor. kali-nitr. (kalm.) (kisseng.) kreas. lach. (lachnanth.) lact-v. (lam.) laur. lob-infl. (lupul.) lyc. m-arct. m-aust. magn-c. magn-m. magn-s. mang. meny. (meph.) merc. (merc-corr.) (merc-iod.) (merc-biniod.) mez. (mitch.) morph. morph-ac. mosch. murex. mur-ac. narcot. natr. natr-m. natr-n. natr-s. (nice.) nitr-ac. nux. nux-j. nux-m. oleand. ol-an. op. ox-ac. pæon. (paris.) pedic. petr. phell. phos. phos-ac. phyt. pimp. (plat.) plumb. (podoph.) pothos. (psor.) (puls.) (ran-bulb) ran-seel. raph. (rat.) rheum. rhod. rhus. rhus-r. (rhus-ven.) (rumex.) ruta. sabad. sabin. sang. (sarrac-purp.) sars. (scrof.) sec. selen. (seneg.) sep. serp. sil. solan-lyc. solan-t ægr. (spig.) (spiggar.) spong. (squill.) stann. staph. (sticta.) stram. stront. sulph. sulph-ac. tab. tarax. (tax-b.) (tepl.) tereb. teucr. (thea.) therid. thuy. til. tongo. (urtic-ur.) val. verat. verb. (viol-od.) viol-tr. wisb. zinc. zinc-ox.

Dull feeling. acon. æsc-hipp. allium-cepa. (aloes.) (apis.) ant-t. arg-nit. arn. ars. ars-iod. (ars-met.) arum-tr. asaf. bapt. calc. calend. carb-v. caulloph. chin. cimicif. cinnab. coccus. cobalt. croc. crotal. croton. cupr. cupr-ars. cupr-iod. dig. diosc. eupat-purp. ferr. (fluor-ac.) graph. hæm. hydrast. (hydr-ac.) iod. kali. kali-nitr. kalm. kreas. lachnanth. lact-v. lam. laur. lup. lyc. magn-m. magn-s. mang. meny. meph. merc. merc-biniod.

merc-iod. mez. mitch. morph-ac. mosch. natr. natr-m.
natr-s. nice. nitr-ac. nux. nux-j. nux-m. ox-ac. op.
pæon. paris. petr. phos. phos-ac. phyt. plat. plumb.
podoph. puls. ran-bulb. rheum. rhod. rhus. rhus-r.
rhus-ven. rumex. sabad. sang. sarrac-purp. sars. scrof.
sec. seneg. sep. serp. sil. staph. sticta. sulph. (sulph-ac.)
(thea.) thuy. til. val. urt-ur.

Cloudiness. arn. ars. atham. bar-c. bell. bry. calad. cann.
caps. casc. chel. cic. (clem.) cocc. colch. col. croc.
croton. dig. gins. gran. (graph.) hell. hyos. kali. kiss.
lact-v. meny. natr-m. nitr-ac. nux. nux-m. op. petr.
phell. phos-ac. pimp. psor. rheum. sep. sulph. thuy.
val.

Depressing feeling. cupr.

Drowsy stolid feeling. merc-bin.

Maziness. kali-bich.

Muddled feeling. acon. anac. ant-c. arg. berb. bov. bry. calc.
camph. chin. coccus. col. (croc.) dule. euphor. ferr.
galv. gran. grat. hell. ign. iod. kali. kali-brom.
kali-chlor. kiss. kreas. lact-v. lam. led. mgs. magn-m.
mercurial. merc. mez. natr. natr-s. nux. op. phell.
phos. phos-ac. puls. rhod. rhus. sec. spig. staph. sulph.
tepl. thuy. til. verb. viol.-od. viol-tr. zinc. zingib.

Narcotized feeling of brain. hydrast. iris-v.

Oppression. therid. sars.

Prepossession. brom. mang.

Stupid feeling. æth. alum. ang. arg. arg-nit. ars. asar. (atham.)
bapt. bar-ac. bar-c. berb. bov. bry. calc-ac. calc. cann.
canth. caps. carb-v. caust. cham. cic. cimex. cobalt.
cocc. coccus. cochl. con. croc. dule. electr. ferr. graph.
grat. hel. hep. indig. kali-bich. kali-hydr. kali-nitr.
laur. magn-m. magn-s. meny. merc. mez. mitch. mosch.
natr. natr-m. natr-s. nice. nux-m. ol-an. paris. petr.
phell. phos. plumb. psor. puls. rat. rheum. rhus. ruta.
sabad. sars. sep. sil. solan-lyc. spong. stann. staph.
stram. sulph. sulph-ac. tab. tepl. teucr. thuy. tongo.
val. verat. verb.

Stupefaction. acon. æth. agar. alum. am-carb. ant-t. arg.
arg-nit. arn. ars. ars-cit. bell. bov. bry. calc. carb-an.
chel. chlor. chin. chin-sulph. cic. coff. col. con. cupr.
cycl. dule. ferr. fluor-ac. galv. gran. hell. hep. hydr-ac.
hyos. ign. jatroph. kreas. lach. lact-s. laur. led. lupul.
magn-c. magn-m. merc-corr. mez. morph-ac. mosch.
nux. nux-m. oleand. op. phos. (phos-ac.) pimp. plumb.

psor. puls. rhod. rhus. ruta. sabad. sabin. sars. sec.
seneg. sep. spig. spiggur. squill. stram. sulph. sulph-ac.
tab. tax-b. thuy. til. val. verat. zinc.

As from eating too much. serof.

As from want of sleep. ars. kali. op. rhod. rhus. sulph.

As after a debauch. alcohol-sulph. ang. bry. calend. cimicif.
coccus. dule. kali. kali-nitr. kreas. nice. op. psor.
rheum. rhod. sabad. sabin. squill.

As if a board were before forehead. acon. plat.

As from drinking spirits. bell. puls.

As from smoking. bell. spig.

As if inflated. mercurial.

Embarrassing. arg-nit. alcohol-s. coloc. sulph.

Giddy. arg. coff. pimp.

As from a skin stretched over brain. ang.

As if brain were bound up. æth. ant-t. magn-s.

As after turning in a circle. calc-ac.

Painful. arg-nit. asar. calc. graph.

Rising like a vapor from occiput. atham.

As if drunk. bell. caust. chin. cocc. corall. croc. dig. ign. kali.
mosch. phell. rat. rhus.

As if a hoop were round it. brom.

As if screwed in. bry. caust. magn-s.

As if bound up. magn-s.

Like a stretching outwards. carb-v.

As from a damp room, where washed clothes were drying. caust.

As from coryza. chenop. chin. solan-t-ægr.

As from approaching headache. cimex.

As if brain did not fill skull. con.

As from disordered stomach. lyc.

As from excessive coitus. phos-ac.

As after excessive pollutions. mez.

As from too much blood in it. sil. sulph.

As from too rapid work. ars.

Congestion.

acon. aloes. (ambr.) (am-carb.) (ang.) ang-sp. anac.
ant-c. (apis.) (arg-nit.) asaf. (aster.) (asar.) aur. aur-mur.
(badiaga.) (bapt.) bar-c. (bell.) (berb.) (borax.) (bry.)
cact. (calc.) (camph.) (canth.) (cann.) (carb-an.) (carb-v.)
(caust.) cauloph. chin. (cimicif.) cinnab. (cinch-sulph.)
coccus. (coff.) (copaib.) (corall.) cornus-cir. (crotal.)
croton. (cupr.) cupr-ac. cycl. (daph.) dule. elaps.

(electr.) (eug.) (eupat-perf.) (eupat-purp.) ferr. fluor-ac.
galv. glon. graph. (grat.) (gymnocl.) (hell.) (hura.)
(hydr-ac.) (hydrast) hyos. ign. iod. (jacarand.) kali.
kali-chlor. (kali-nit.) (kali-bich.) (kiss.) (kreas.) lach.
laur. (lob-c.) (lupul.) lyc. m-arct. (m-aust.) magn-c.
magn-m. (magn-s.) mang. merc. (merc-corr.) (merc-iod.)
(mill.) (morph.) (morph-ac.) (morph-m.) mosch. (mur-
ac.) natr. natr-m. nitr-ac. nux. (ol-an.) op. (ox-ac.)
pæon. (petr.) phos. (pimp.) piper. (plant.) plumb. (po-
doph.) psor. puls. (puls-nutt.) ran-bulb. (ran-sc.) (rhus.)
(rhus-glab.) rhus-r. sabin. sang. sars. sec. (seneg.) (sep.)
sil. (solan-arrab.) spong. stram. strychn. sulph. tab.
(tepl.) (therid.) (thuy.) (til.) trombid. (urt-ur.) val.
(verat.) viol-od. zingib. (zizia.)

Rush of blood. ambr. apis. arg-nit. aster. aur. bell. (borax.)
bry. calc. camph. cann. canth. carb-an. carb-v. caust.
cinnab. coccus. coff. copaib. corall. crotal. eugen.
eupat-perf. ferr. fluor-ac. glon. grat. hell. hura. iod.
kali. kali-nitr. kiss. lach. lupul. lyc. (magn-c.) m-aust.
mang. merc-corr. merc-iod. mill. morph. morph-m.
mosch. natr. nitr-ac. nux. (ol-an.) op. ox-ac. pæon.
petr. phos. pimp. piper. plumb. puls. ran-bulb. rhus.
sang. seneg. sep. sil. solan-arrab. spong. stram. sulph.
tepl. val. verat. urt-ur. zingib. zizia.

— *across head.* eupat-perf.

— *as if blood stagnated in head.* bar-c.

— *as if head would burst.* tepl.

Ebullition of blood. calc. camph. caust. cinch-s. coff. electr.
hydr-ac. kali-bich. kali. pæon. sabin. sars. sil. sulph.

Wave like motion of blood. (merc-p-iod.)

Pulsation of cerebral arteries. (asar.) (aur-m.) bell. (borax.)
caust. (cinnab.) (crotal.) (cupr-ac.) cycl. glon. (hell.)
(mur-ac.) op. psor. puls. (rhus.)

— *audible to himself.* op.

Swelling of bloodvessels of head. bell. (caulloph.) ferr. (glon.)
sang. (thuy.)

Blood rises from chest to head. sulph.

As if blood forced itself through head at every pulse. hell.

*As if blood were streaming from below upwards, or within
outwards.* ox-ac.

As if the inflamed brain beat against skull. daph.

Irritation of brain. morph. morph-ac. plant.

Feeling of inflammation of brain. daph.

Inflamed brain. camph. canth. cupr. (cupr-ac.) (hyos.)

Apoplectic feeling. fl-x. tepl.

Apoplexy. (cupr.) morph-ac. nux. stram.

Creeping.

(alum.) (ang-sp.) arg. bar-c. (berb.) (chel.) (colch.)
laur. m-aust. (nitr-ac.) (phos.) psor. (puls.) rhus. (rhod.)
(sulph.) (tax-b.) thuy. (zinc.)

—— *cold* (rhod.)

—— *like a worm crawling.* alum.

Dryness.

—— *feeling of.* cubebs.

Emptiness, hollowness.

acon. agar. ambr. am-carb. anac. arg. ars. asaf. aster.
bell. berb. bov. cact. calc. camph. caps. chin-sulph.
coccus. cocc. corall. cupr. dulc. ign. (mercurial.)
(natr.) natr-m. nux. ox-ac. phos. piper. puls. seneg.
(sep.) spig. (sulph.) (stann.) zingib.

—— *as after intoxication.* acon. agar. ambr.

—— *as from catarrh.* ars.

Head feels like a lantern. ars. puls.

Fullness.

acon. æscul-hipp. (am-carb.) am-mur. (ang.) ang-sp.
apocyn-andr. (apis.) arg-nit. ars-met. arum-tr. aster.
bapt. berb. blatta. borax. bry. calc. calc-iod. calc-phos.
camph. caps. carb-v. caulloph. elem. cinnab. (cimicif.)
cobalt. collinson. cornus-circ. croton. daph. (elaps.)
(eupat-purp.) gels. gent-lut. glon. graph. grat. gymnocl.
hainam. helonias. hura. hydrast. iris-v. jacaranda.
juglans-cin. kali. kali-bich. kiss. (kreas.) lach. lact-v.
laur. (lob-infl.) (lob-c.) magn-m. mercurial. merc.
merc-iod. merc-bin. merc-sulph. mitch. (natr-m.) nice.
nitr-ac. petiv. petr. phell. phos. (piper.) (plant.) psor.
(puls-nutt.) polygonum. ran-bulb. ran-scel. rhus.
rhus-v. rhus-ven. (rhus-glab.) rumex. (sang.) sarrac-
purp. scutel. sil. spong. sulph. sulph-ac. tell. tereb.
til. val. urt-ur. xanthox. zizia.

—— *ascends from chest or neck.* glon.

—— *as if brain were pressed against skull.* calc-phos. kali.

- as if skull would burst. daph. nitr-ac. petiv.
- as though all the blood had rushed to it. elaps. glon. sulph.
- seems to force out the eyes. natr-m.
- as if brain were expanding or moving in waves. glon.
- as from fluid. piper.

Foreign body.

As if a lump were in brain. con.

Hardness.

Brain feels hard. glon. (mez.)

Heat.

acon. aescul-hipp. æth. alum. (alcohol-s.) ambr. (am-mur.) anagall. ang. ant-c. ant-t. apocyn-andr. arg-nit. arn. aster. (badiaga.) (bapt.) bar-c. bell. berb. borax. bry. caet. calad. calc. calc-caust. calc-phos. (calend.) camph. cann. canth. carb-a. (carb-v.) caust. case. cervus. chel. china. cimicif. cinnab. cinch-sulph. coccus. col. con. cornus-circ. (crotal-case.) cubebs. (cupr.) (cupr-ars.) cycl. daph. dig. diosc. dros. dulc. electr. euphr. eupat-perf. (fluor-ac.) galv. gamb. gins. graph. grat. gymnocl. hæm. hell. (hep.) hippomanes. hura. hydr-ac. hydrast. hyos. hyper. (indig.) ign. iod. iris-v. jatroph. kali. (kali-bich.) kali-hyd. (kali-nit.) kalm. kiss. (kreas.) (lact-v.) lach. laur. led. lepid. (lob-infl.) lupul. lyc. m-arct. magn-c. magn-m. magn-s. mang. meph. mercurial. merc. merc-bin. mez. mimosa. morph-ac. morph-m. mosch. natr. natr-m. (natr-s.) nice. nitr-ac. nux-j. nux-m. ol-an. op. pæon. pedic. petiv. petr. phell. phos. phos-ac. phytolac. pimp. plat. plant. plumb. plumbago. (podoph.) (puls-nutt.) (ran-bulb.) rat. rhus. rhus-r. ruta. sabad. sabin. sars. sarrac-purp. sep. serp. sil. sol-t-ægr. spig. spong. squill. stann. stram. stront. sulph. tab. (tax-b.) thuy. therid. til. tongo. (val.) verat. (viol-od.) (vinca.) zingib. zinc. (zinc-ox.)

- as if the air around head were hot. aster.
- mixed with coldness. bar-c. verat.
- pleasant. camph. cann. nice.
- as if tied up in a hot cloth. petiveria.
- as from wine. rhus-r.
- like hot water in head. petiveria.

Flushes of heat. æth. am-mur. (calend.) chel. cornus-circ. cubebs. (electr.) magn-m. natr-m. tab. val. zinc-ox.

Heat rising up. æth. anagall. ang. calad. gamb. kali. magn-c. mang. natr-s. (nux-m.) rheum. sep. sol-t-ægr. sulph. tab.

— from back. phos.

— from abdomen. indig. natr-s. plumb.

— from chest. glon. phos.

— from stomach. alum. indig. magn-m.

— from neck. glon.

Heaviness or Weight.

acon. æscul-hipp. (æth.) agar. agnus. alcohol-s. alum. (aloes.) ambr. ammoniac. am-carb. am-mur. (amphisb.) (amygd.) anac. (ang.) (ang-sp.) anthrak. ant-t. apis. apocy-cann. arg-nit. aristol. arn. ars. (ars-met.) arum-tr. (aspar.) aster. (asclep-tub.) bapt. bar-a. bar-c. bar-m. bell. berb. bism. blatta. borax. bov. brom. bry. bufo. (cact.) caine. calc-ac. calc. calc-phos. (calc-iod.) calend. camph. cann. cann-ind. canth. carb-a. carb-v. card. castor. caust. cervus. cham. chin. chin-sulph. cinnab. cic. (cistus.) cinch-sulph. clem. cocc. coff. col. comocl. con. convolv. (cornus-circ.) croc. croton. erotal-casc. cubebs. cupr. cupr-ac. diosc. dros. dule. (elaps.) (electr.) (eupat-perf.) ferr. fluor-ac. gels. gent-lut. gins. glon. gran. grat. gamb. (hæm.) hell. hep. (hippomanes.) hipp-manc. hura. hydrast. hydr-ac. hyos. hyp. ign. indig. ipec. iris-v. (iter.) jacarand. jatroph. (kali.) kali-bich. kali-hydr. kali-nitr. (kalm.) kiss. (kreas.) lach. lachnanth. lact-v. laur. lepid. (lith-c.) lob-infl. lyc. m-arct. m-aust. magn-c. magn-m. magn-s. mang. meny. (meph.) mercurial. merc. merc-bin. merc-corr. merc-iod. merc-sulph. mez. morph. morph-ac. mosch. murex. mur-ac. murure. myrist. narcot. natr. natr-m. natr-s. nice. nitr-ac. nuphar. nux. nux-j. nux-m. oleand. ol-an. onisc. op. ox-ac. pæon. panac. paris. paull. pedic. petiv. petr. phell. phos. phos-ac. phyt. pimp. piper. plumb. plantago. plumbag. prunus. psor. puls. puls-nutt. ran-bulb. ran-scel. rat. rheum. rhod. rhus. rhus-r. rhus-vern. rhus-ven. ruta. sabad. sabin. sang. sarrac-purp. sars. serof. sec. (selen.) seneg. senna. sep. serp. sil. solan-lyc. solan-t-ægr. spig. spiggur. spong. squill. stann. staph. stram. stront. sulph. sulph-ac. tab.

- (tax-b.) tarax. tell. (thea) therid. thuy. til. tongo.
 (triostr.) verat. verat-vir. verb. viol-od. viol-tr. vip-t.
 wisb. xanthox. zingib. zinc. (zinc-ox.)
 — *through shoulders, chest, legs.* phytolac.
 — *as if crushed by a weight.* cubebs.
 — *as if drunk.* asar. bell. nux.
 — *as after intoxication.* acon. agar. cocc. laur. kali-nitr.
 sabin.
 — *as if a weight were sinking down in head.* nux.
 — *as if a weight fell forwards.* nux. rhus.
 — *as if brain fell forwards.* rhus-r.
 — *brain feels heavy.* gels.
 — *as if brain were pressed down.* ars.
 — *as if pressed down by a weight.* mercurial.
 — *as if something heavy were loose in head.* asar.
 — *as from sleepiness.* bell.
 — *as after a long illness.* calend.
 — *like a pressure forward from nape into head.* grat.
 — *as if too full of blood.* ign.
 — *like a commencing catarrh.* laur.
 — *like a pressure forwards.* laur.
 — *as after eating too much.* serof.
 — *as from rush of blood into head.* nitr-ac.

Intoxication.

- acon. æscul-hipp. agar. alum. amygd. ant-c. (arg.)
 (arg-nit.) ars. asaf. (aur.) bell. berb. bry. cann. cann-
 ind. camph. caps. caust. chin-sulph. cic. (coccus.) coff.
 (col.) con. croc. cupr. cupr-ars. eug. ferr. gels. gent-
 lut. graph. grat. hell. hydrast. hydr-ac. hyos. ign.
 iris-v. kali. (kali-hydr.) (kali-chlor.) kiss. led. m-arct.
 (magn-c.) magn-m. mercurial. merc. merc-corr. mez.
 mill. morph. morph-m. nabulus. nux. (nux-j.) nux-m.
 op. paris. phell. phos-ac. phytolac. puls. rhod. rhus.
 rhus-r. sec. sil. spig. stram. tab. tereb. (thuy.) til.
 (tongo.) (val.) verat.
 — *agreeable.* agar.
 — *easy.* alum. bell. col. con. kali-chlor. tereb.
 — *excited.* kali-hydr. morph-m. nux-j.
 — *giddy.* arg. arg-nit. caust. coccus. led. magn-c. nux-m.
 puls. tab. val.
 — *happy.* mez.
 — *hypochondriac.* aur.

- *lazy.* eug.
- *loquacious.* eug. mez.
- *sleepy.* arg. tereb. tongo.
- *stupid.* arg. bell. caust. mez. rhod. tab. thuy. til.
- *unruly.* led.
- *from rush of blood to head.* kali.

Itching (in brain only.)

(dig.) (sabad.) (sars.) sep. tarax.

Lightness.

calc-iod. cinnab. cornus-circ. crota. electr. eupat-purp.
gels. grat. hippomanes. kali. ox-ac. sec. senecio-aur.
stram. trombid.

- *affecting whole body.* eupat-purp.
- *as if head floated in air.* op.

Motion in brain.

Looseness of brain. acon. am-carb. asar. bar-ac. bar-c. bry.
carb-an. caust. cic. col. con. croc. glon. graph. guiac.
hyos. kali. kali-nitr. (kalm.) lact-v. laur. magn-s. mez.
mur-ac. natr-m. natr-s. nice. nux-m. rhus. stann. staph.
(sulph-ac.)

As if lying loose in its cavity. staph.

Moving of brain. ars. bar-ac. (bry.) cycl. guiac. kali. magn-s.
(phell.) rheum. rhus. sep.

Shaking. ars. bar-c. calc. calc-ac. caust. chenop. cic. coec.
crota. (elaps). electr. hyos. kali. lact-v. led. lyc.
m-arct. magn-s. mang. mez. natr-m. nux. nux-m.
nuphar. plat. piper. rhod. sep. spig. tab. viol-tr.

- *like an echo in head.* calc-ac.

Vibration. grat. indig. (kali.) lyc. magn-c. nux. sil. (stront.)
(sulph.) verb. zinc.

- *gurgling.* (kali.)

Undulation. acon. alum. chin. (cina.) graph. hyos. indig.
magn-m. mang. (merc.) mill. paris. petr. piper. sars.
selen. sulph.

- *from nape over vertex to forehead.* mang.
- *synchronous with pulse.* alum.
- *beating.* chin.

Wavering. nux.

Quivering. cann.

- As if brain swung about.* acon. bell. col. lact-v.
 — *fell here and there.* bar-c. croc. lyc. nux-m. sil. (sulph-ac.)
 — *fell from side to side.* am-carb. nice. (sulph-ac.) tepl.
 — *fell forwards.* alum. (berb.) (bry.) carb-an. cham. coff.
 — *dig. (grat.)* kali. laur. magn-s. nice. nux. rhus. sulph-ac.
 — *fell to left temple.* natr-s.
 — *turned over.* plant.
As if brain knocked against skull. ars. chin. col. daph.
 hydr-ac. mez. (natr-m.) nux m. plat. rhus. stann.
 sulph. (sulph-ac.)
Rolling about in brain. eug.
As if brain jumped about. lepid. solan-t-ægr.
As if something moved in brain. (alum) (crota-case.) hyp.
 mosch. petr. phos. rhus. sil.
 — *turned round in brain.* (kali.) rhus.
 — *like a worm crawling under skull.* alum.
 — *as if something walked round interior of head.* crota-case.
Splashing. (asaf.) bell. (carb-an.) hep. hyos. nux. rhus. solan-
 t-ægr. spig. squill.
Swashing. hyp. hyos.
Bubbling. (asaf.) (bry.) (juncus.) nux. paris. petr. (spig.)
Swinging. (crota.)
Tingling like vibration of a steel spring. grat.
As if something were alive and tickling the brain. hyper.
As if something alive turned about in brain. petr. sil.
Tickling undulating ebullitions. indig.
Balancing in head. æscul-hipp.
As if brain were balancing. chenop.
As if a current of air were rushing through head. aur.
As if brain were moving in waves. glon.
As if everything in head were alive. petr.
As if brain went up and down (bell.) cobalt.
As if waves surged up from neck into head. cann-ind.
Dull tremor. sars.
As if a ball were rolling round. (hura.)
As if a hot body fell forwards. (kali.)
Whirling motion. sabad.
As if something went round from before backwards. (cann-ind.)

Movements of Head.

- Mobility.* lam.
Unsteadiness. (feeling of.) rhus-r.

Shaking. bell. bry. cocc. (cupr.) hyos. ign. sep. tab.

Rolling. podoph.

Tosses about. cupr.

Trembles. ant-t. cupr. ign. op.

Frequent raising from pillow. stram.

Boring head into pillow. apis. bell. hell.

Cannot hold up head. æth. ars. gels. mgs. sep.

Falls here and there. cubebs. op. phell.

Moves here and there. stram.

Convulsive movements. stram.

Feels as if his head would fall. bell. bry. croc. mang. op.
phell. puls. sil. solan-t-ægr.

Jerking. cic. op. sep. stram.

— *throwing head to right.* natr.s.

Rises and sinks. bell.

Nods backwards and forwards. aur. caust. cham. phos-ac.

Hangs forward. ign.

Falls forward. calc-ac. caust. elem. cupr. elaps. hippomanes.
natr-m. paris. paull. plat. sars. viol-od.

— *inclination to.* agn. bar-c. calc. cupr. hippomanes. lepid.
op. paull. phos-ac. plumb.sars.sulph.tab.thuy. viol-tr.

Drawing forward, feeling of. berb. oleand. sang.

Jerking forwards. sep.

Falls backward. æth. camph. chin. dig. kali. lam. led. op.
spig.

— *inclination to.* cann-ind. chin. chin-sulph. led. phos-ac.
rhod. spig. stram.

Drawing backwards. acon. camph. cann-ind. cic. cupr. (eupat.)
hep. morph. nitr-ac. phell. samb. tongo.

— *feeling of.* castor. magn-c. natr. nitr-ac. phell. spig. tongo.

Jerks backwards. sep.

Convulsive bending backwards. bell. ign. stram.

Turned awry. cupr.

— *to one side.* colch. lyc.

— *to left side.* lyc.

Shakes from side to side. aur. bell.

Drawn sideways. camph. cistus. cupr. hyos. sil. stram.

Falls to side. cina. tarax.

— *feeling of.* phell. spong.

Falls to right side. tarax.

— *feeling of.* ferr. tarax.

Falls to left side. calc-ac. tarax.

— *feeling of.* anac. calc-ac. sil. tarax.

Jerks to left side. kali.

Jerks to right side. natr-s.

— *backwards.* bov. cinc.

Feels as if head were shaken backwards and forwards. pallad.

As if head would sink in every direction. m-arct. cupr.

Moves head about from pain. corral.

Restlessness of head. plant.

Noises.

Bubbling. (asaf.) (bry.) (juncus.) nux. paris. puls.

Buzzing. (calc.) hyper. natr-s. phos. (sulph.) (verat.) (viol-tr.)

— *as after a bell has been struck.* sars.

Chirping. (ang-sp.)

— *like grasshoppers.* bry.

Clicking. (carb-v.)

Cracking. (cham.) (coff.) galv. sep.

— *as if something broke in head.* sep.

Cracking crash. dig.

Crepitation. (calc.)

— *as from gold tinsel.* (acon.)

— *synchronous with pulse.* (coff.) puls.

Gurgling. (kali.) pimp. sars.

Humming. acon. (ambr.) cocc. hyp. kali. kali-bich. kreas.

lach. lact-v. lyc. mgs. m-arct. mang. mur-ac. (nux.)

nitr-ac. op. phos-ac. phos. puls. rhus. stram. staph.

(sulph.) tepl. (thuy.) (verat.) zinc.

— *like bees.* carb-v.

— *as from dull distant noises.* kali-bich.

Noise. carb-v. chin-sulph.

Rattling. (cham.)

Rasping. (rhus-r.)

Ringing. sulph.

Roaring. caust. cinnab. (electr.) far. galv. graph. hydrast.

kreas. natr. nicc. nitr-ac. nux. op. petr. phos. phos ac.

pimp. puls. tepl.

— *like a river.* aur.

— *like boiling water.* acon. (magn-m.)

Rushing. coff. ferr. tepl.

— *like a river.* aur.

— *like boiling water.* acon. bar-c. magn-m.

Snapping. (con.)

Sounding. (sars.)

Singing. phos.

Simmering like boiling water. bar-c.

Splashing. (asaf.) bell. (carb-an.) hep. hyos. nux. rhus.
solan-t-ægr. spig. squill.

Whirring. kali. lact-v.

Noise like a whirlwind. croc.

— *like wind among distant trees.* rhus-r.

— *like an explosion.* petiv.

Sound as from striking a loose wire. phell.

Twang like a harp string. lyc.

Tones as if in an empty cask. pimp.

Resonance and vibration of voice. sars. zinc.

Pulse in head audible. puls.

External noises vibrate in head. stann.

Numbness.

(acon.) (alum.) ant-t. (aust.) bapt. bell. (berb.) (calc.)
(carb-an.) (con.) (cupr.) cubebs. dig. fluor-ac. (glon.)
graph. (hamam.) hura. (lach.) (itu.) (magn-m.) meph.
mercurial. mez. (mur-ac.) (nitr-ac.) (ol-an.) petiv.
(petr.) phos. plat. piper. sarrae-purp. (sil.) thuy.

— *as after electric shocks.* fluor-ac.

— *as if asleep.* (alum.) carb-an. con. (nitr-ac.)

— *torpid feeling.* con. (mur-ac.)

— *dead feeling.* (sil.) thuy.

— *as if made of wood.* (petr.)

— *as if tied up.* (plat.)

— *pithy.* (graph.)

Sensitiveness.

(col.) glon. gent-cr. nitr-ac.

Small feeling of head.

acon. grat.

— *of brain.* glon. grat.

— *as if brain were smaller than skull.* con. l. glon. staph.

Stiffness.

(apocyn-andr.) caust. (kali-nitr.)

Swelling.

(For swelling of head see Integuments. Sec. II.)

Enlargement of head. calc. sil.

Feels enlarged. æth. arg-nit. ars-met. bapt. berb. bov. (bry.)
 (calc.) cobalt. coccus. corral. daph. (dulc.) glon.
 (hura.) lact-v. lachnanth. laur. lith-c. (magn-c.) mang.
 meph. mercurial. mimosa. natr-m. (nux-m.) paris.
 phell. ran-bulb. ran-seel. rhus-r. therid. til. tongo
 zingib.

Feels elongated. hyper.

Feels thick. therid. (nux-m.)

Enlarged feeling of brain. bell. cinch-sulph. coccin. dulc.
 glon. natr-m. tarax.

Brain feels too large for skull. cimicif. scutell.

Head feels swollen inwardly. natr-m.

As if she had a strange head on, or something else on it. therid.

Sweat.

(See Integument. Section II.)

Tickling (internally.)

hyper. indig. phos.

Trembling (internally.)

copaib. lith-c. petr.

Twitching.

(æth.) croton. sil.

Vertigo.

acon. aescul-hipp. æth. agar. agnus. alcohol-sulph.
 aloes. alum. ambr. am-carb. am-mur. amphisb.
 amygd. anac. ang. ang-sp. anis. ant-c. ant-t. apis. arg.
 arg-nit. arn. ars. ars-met. ars-cit. ars-hyd. arum-tr.
 asaf. asar. aspar. asclep-tub. aster. atham. aur. bapt.
 badiaga. bar-ac. bar-c. bar-m. benz ac. bell. berb.
 bism. borax. bov. branc. brom. bufo. bry. cact. caine.
 celad. calc. calc-ac. calc-caust. calc-phos. camph.
 cann. cann-ind. canth. caps. carb-an. carb-v. card.
 casc. cauloph. caust. cervus. cham. chel. chin.
 chin-sulph. chlor. cic. cine. cinch-sulph. cinnab.
 clem. cobalt. cocc. coccus. coff. col. comoel. con.
 convol. cornus-circ. croc. croton. crotal. cubebs. cupr.
 cupr-ac. cupr-ars. cycl. dig. diosc. dros. dulc. elaps.

electr. eryngium. eugen. euphorb. euphorb-corr. evon.
 eupat-purp. ferr. fluor-ac. galv. gamb. gels. gent-cr.
 gent-lut. gins. glon. gran. graph. grat. guiac. gymnocl.
 guano. hæn. hell. hep. helonias. hippomanes. hipp-
 mane. hura. hydr-ac. hyos. hyp. ign. indig. iod. ipec.
 itu. janiph. jatroph. juncus. kali. kali-bich. kali-br.
 kali-chlor. kali-nitr. kalm. kiss. kreas. lach. lach-
 nanth. lact-v. laur. led. leptand. lepid. lob-c. lob-
 infl. lup. lye. mgs. m-aret. m-aust. magn-e. magn-m.
 magn-s. mang. melast. meny. meph. mercurial. merc.
 merc-bin. merc-corr. merc-iod. merc-sulph. mez. mill.
 mimosa. morph. morph-ac. morph-m. mosch. mur-
 ac. myrist. narcot. narcot-m. natr. natr-m. natr-s.
 nice. nitr-ac. nux. nux-j. nux-m. oleand. ol-an. op.
 ox-ac. pæon. panac. paris. paull. pedic. petr. phell.
 phos. phos-ac. phyt. pimp. piper. plat. plumb. plum-
 bag. podoph. polygonum. prunus. psor. puls. ran-
 bulb. ran-scel. raph. rheum. rhod. rhus. rhus-r. rhus-
 ven. ruta. sabad. sacch-alb. sabin. samb. sang. sars.
 scrof. scutell. selen. sec. seneg. sep. senecio-aur. sil.
 solan-arrab. solan-nigr. spig. spiggur. spong. squill.
 stann. staph. stilling. stram. stront. strychn. sulph.
 sulph-ac. tab. tarax. tax-b. tepl. tell. tereb. teucr.
 thea. therid. thuy. til. tradesc. triost. trombid. urt-
 ur. val. verat. verat-vir. verb. vinca. viol-od. viol-tr.
 vip-t. wisb. zinc. zinc-ox. zingib. zizia.

— *like a wave from occiput to forehead.* senecio-aur.

Everything seems to go round. acon. agnus. alum. am-carb.
 arg-nit. arn. aur. bar-c. bar-m. bell. berb. bov. bry.
 calc. calc-caust. cann. cann-ind. carb-an. caust. cic.
 cocc. con. dros. euphorb. euphorb-corr. ferr. grat.
 guano. hep. hydr-ac. juncus. kali. kali-bich. kreas.
 lact-v. laur. lepid. lye. magn-e. mercurial. merc.
 mosch. mur-ac. natr-m. natr-s. nux. oleand. op. paris.
 phos. phos-ac. psor. ran-bulb. rhod. rhus. ruta. sabad.
 selen. sep. sil. spig. staph. sulph. sulph-ac. tab. tepl.
 thuy. val. verat. vinca. zinc.

— *in a half circle.* staph.

— *slowly.* hydr-ac.

— *slowly, then quickly.* mosch.

Everything seems to move. carb-an. cic. eug. hydr-ac. mosch.
 oleand. sep. til. wisb.

Everything seems to sway hi her and thither. bell. cic. eug.
 grat. mosch. tepl. til. wisb. zinc.

— *to left.* grat.

Whirling in head. acon. am-carb. anac. arg-nit. arn. asaf. bell. bism. bov. bry. calad. calc. cann. carb-v. caust. chin-sulph. con. croc. croton. cupr. cycl. evon. fluor-ac. gent-cr. kreas. m-aret. mercurial. merc. mez. mosch. mur-ac. myrist. natr. nice. nux. (oleand.) pedic. phos. puls. ran-scel. sep. sil. spong. stann. staph. sulph. (tarax.) therid. verat. viol-od. wish.

— *from right to left.* myrist.

As if head moved. cann. carb-v. zinc.

— *from side to side.* cann.

— *from before backwards.* carb-v. zinc.

— *backwards and forwards.* grat.

— *in all directions.* eupat-purp.

Weakness of head. bufo. canth. caust. graph. (kali.) merc. natr-m. nitr-ac. phos-ac. rhus. zinc.

Reeling in head. pæon.

Spinning. cupr.

Swimming of head. ang. aselep-tub. bapt. calc-phos. cann. cann-ind. caust. caulloph. euphorb-corr. gels. kali-bich. natr-s. ox-ac. rhus-r. zizia.

As if proceeding from stomach. kali.

As if something turned in head. merc-bin.

As if something in forehead were revolving. merc.

As if something in head went hither and thither. sil.

As if body swam. lact-v.

As if floating in air. mosch. nux-j. sep. tepl.

As if flying round and round. eupat-purp.

As if raised up. calc. phos. rhus. sil.

As if sitting too high. aloes.

As if feet would slip. nice.

As if ground sank. natr-m. tepl.

As if ground were unsteady. asar. sulph. tepl.

As if falling down. mosch. sulph-ac.

As if falling from a height. mosch.

As if thrown over. natr-m.

As if shaken longitudinally. merc.

As if driving in a coach. cycl. ferr.

As if unsteady. asar. calc-ac. camph. cic. fluor-ac. spig. tarax.

As if swaying backwards and forwards. ign. kali. rhod. thuy.

As if being whirled round. anac. ang. bry. grat. mosch. phos. tepl. til.

As after whirling round. alum. bell. natr-m. puls. squill. thuy.

As if he stood on his head. phos-ac.

As if on a swing. merc.

As if about to faint. berb. bry. calc. carb-v. cham. cina.
convolv. cupr-ac. galv. guiac. hep. magn-c. mez.
natr. nux. pedic. sabad. sil. sulph. tepl.

As if about to have a fit. lach. sep. tepl. zinc.

As if drunk. acon. agar. alum. amphisb. amygd. arg-nit.
ars. ars-cit. asar. aur. bry. cann-ind. carb-v. caust.
cham. (croc.) coc. ferr. hyos. kali. kali-nitr. kreas.
led. lyc. m-aret. m-aust. mel. merc. mosch. nux-m.
phell. puls. rhod. rhus. sec. selen. spig. spong. stram.
stront. tab. tarax. tepl. til. val.

Swaying feeling in brain. acon.

Oscillations from side to side. amphisb.

Stupefying. ang. arg. op. sil.

Painful. ol-an.

As if smoke had got into brain. arg.

Everything seems about to fall. arn. phos-ac.

As on waking after a debauch. bell.

As if brain turned. bism. cycl. stann. sulph.

As if front half of brain revolved. bism.

As if pushed from right to left. borax.

As if pushed forward. calc. ferr.

As if blood rushed to head. bry. eug. mosch. puls. urt-ur.

As if in a dream. calc.

As from moving head about. carb-an.

As from catarrh. caust.

As if the bed went round. con. nux.

As if the bed swayed. zinc.

As if turned to the right. grat.

As if he would fall into an imaginary gulf behind him. kali.

As if the roof were falling. lepid.

As if something revolved in body. lyc.

Like a jerk through head. mgs.

As if sinking. merc.

As if something moved before eyes quickly up and down. mosch.

Imagines he cannot take hold of something. puls.

As if he danced. puls.

As from tobacco. rhod. zinc.

On going forwards, imagines he is going backwards. sep.

As if he did not touch the ground. tepl.

As from want of sleep. zinc.

Affecting whole body. eupat-purp.

Mistiness in brain, affecting perception but not thought. gels.

So that his foot is drawn towards the stream. brom.

Weariness of Brain.

apis. plant. natr-m.

Weakness as after a fever. sars.*Sinking.* glon.*Tired feeling.* sil.*Pains.*

Undefined. acon. (æscul-hipp.) æth. (agnus.) aloes. alum. alcohol-sulph. ammoniac. am-carb. am-mur. amphib. amygd. anac. ang. (ang-sp.) anis. ant-c. ant-t. (apis.) apocy-andr. aran. arg-nit. arn. ars. ars-met. ars-iod. (arum-tr.) asaf. asar. (asclep-tub.) (aster.) (aur.) badiag. (bapt.) bar-c. bar-m. bell. benz-ac. bism. (blatta.) borax. bov. (branca.) brom. bry. bufo. cact. cainca. calc. calc-ac. calc-caust. calc-phos. calc-iod. cadm-sulph. calend. camph. cancer. cann. cann-ind. caps. carb-an. carb-v. *r.* (carduus.) castor. caust. cham. (chin-sulph.) chin. chlor. cic. cimex. cimicif. cina. cinch-sulph. cinnab. (cist.) coce. coceus. cochl. coff. colech. coloc. (collinson.) (comoclad.) con. convolv. copaib. corall. cornus-circ. croc. crotal. crotal-case. croton. cubebs. cupr. cupr-ac. cupr-ars. cycl. daph. delph. dig. (diosc.) (dros.) dulc. elaps. electr. erigeron. (eryngium.) eupat-perf. (eupat-purp.) euphorb. euphr. evon. ferr-mag. fluor-ac. galv. gamb. (gels.) gent-cr. gins. glon. (gran.) graph. grat. guano. (gymnocl.) (hæm.) hell. (helonias.) hedeom-pul. hippomanes. hipp-manec. hura. hydr-ac. (hydrast.) hyos. ign. indig. iod. (ipec.) (iris-v.) (janiph.) jalap. jatroph. (jacarand.) jugl-ein. kali. kali-bich. (kali-br.) kalinitr. kalm. kreas. kiss. lach. (lachnanth.) lact-v. lam. led. lepid. (leptand.) (lith-c.) lob-infl. lyc. mgs. m-aust. magn-c. magn-m. (magn-s.) melast. meph. mercurial. merc. (merc-bin.) merc-corr. (merc-iod.) mez. mill. mimosa. (mitch.) morph. morph-ac. morph-m. mosch. mur-ac. murex. murure. myrica. nabulus. narcot. narcot-ac. natr. natr-m. natr-s. nice. nitr-ac. nux. nux-j. nux-m. ol-an. op. (osmium.) ox-ac. (pæon.) panac. paris. pallad. paull. pedic. petiv. phell. phos. phos-ac. phyt. (plat-chlor.) (plant.) plumbago. (pimp.) pod. (polygon.) pothos. (prunus.) psor. puls. puls-nutt. ran-bulb. raph. rhod. rhus. rhus-glab. rhus-r. rumex. (ruta.) sabad. sabin. (sacch-alb.) sang. sarrae-

purp. sars. (serof.) scutell. sec. sed. selen. seneg. serp.
sil. solan-arrab. solan-nigr. solan-ol. solan-t-aegr. spig.
spiggeur. spong. squill. stann. stilling. stram. strychn.
sulph. sulph-ac. tab. (tax-b.) tell. (tepl.) thea. therid.
(thuy.) tongo. triost. (trombid.) val. verat. verat-vir.
vinca. vip-r. vip-t. wisb. (xanthox.) zingib. zinc.
zinc-ox. zizia.

A narrow strip of pain round head. merc. zingib.

Indescribable. therid.

Like commencing catarrh. ambr. aur. (berb.) carb-v. (col.)
diose. eupat-purp. galv. ign. lach. (lyc.) (mgs.) (m-
aust.) (merc-bin.) (mez.) mur-ac. nitr-ac. (nux-j.)
phos. puls. rhod. samb. (sep.) (sil.) (sulph.)

Abscess, as from. (borax.) (carb-v.) (castor.) (hep.) (juncus.)
mang. (nux.) (sep.)

Burning. acon. (alum.) (am-mur.) apis. arg. arn. arist.
(aran.) (ars.) (asaf.) bar-c. (bism.) (bry.) (calc.) (caps.)
(carb-v.) camph. canth. (caust.) (chin.) (cinnab.)
(clem.) (cobalt.) coce. (coccus.) coff. col. (convolv.)
(croton.) (crotal-case.) cubebs. (cupr.) (dros.) eug.
(graph.) (grat.) hæm. hell. (hep.) (hyp.) kali. kali-
bich. (kali-nitr.) (lach.) lachnanth. (lact-v.) (laur.)
(lyc.) (m-aust.) (magn-m.) (magn-s.) mang. (meny.)
mercurial. merc. (merc-bin.) (mez.) (mur-ac.) natr.
(natr-m.) (natr-nit.) natr-s. (nitr-ac.) nux. nux-j.
(oleand.) ol-an. (pæon.) (paris.) petiv.) phos. phos-ac.
(phell.) (phyt.) (pimp.) piper. plat. psor. (rat.) (ran-
bulb.) rhod. rhus. (rhus-r.) ruta. sabad. sep. sil.
(spig.) spong.) (stann.) (staph.) (sulph.) tab. tarax.
tax-b. (tepl.) (teuer.) (thuy.) (verb.) (viola-tr.) (vinca.)
(zingib.) (zinc.)

— *as from boiling water.* acon.

— *burning points.* nitr-ac.

Raw. (anac.)

Sore. camph. canth. carb-v. chin. eupat-perf. glon. ign.
(lyc.) (magn-c.) mgs. merc-sulph. mosch. (mur-ac.)
phyt. (zingib.) zinc.

— *as from exposure to sun.* hipp-manc.

Stinging. (cupr.) elaps. (hydrast.) (ign.) kali-nitr. (kali-
bich.) (lyc.) mang. paris. puls. (rhus.) (rhus-r.) sars.
(selen.) (sep.) squill. (therid.) til. val. zingib. zinc.

Ulcerative. acon. am-carb. bov. (calc.) caust. (castor.) (col.)
kali. magn-c. merc. (mur-ac.) (nux.) stront. (sulph.)

Compressive. (acon.) æth. (alum.) (anac.) ant-t. asaf. (asar.)

(bov.) bry. calc. (cann.) carb-v. caust. cervus. chin.
 (cinicif.) (cinc.) cocc. (con.) (col.) crotal. daph. (dulc.)
 (fluor-ac.) (graph.) hep. hyper. (kali-bich.) (kali-nitr.)
 lach. (lact-v.) (lepid.) (lye.) m-arct. (magn-s.) meny.
 mere-iod. mosch. natr-m.) (nitr-ac.) (nux-m.) (oleand.)
 (pedic.) (petiveria.) petr. phos-ac. (plat.) (ran-scel.)
 (rhus.) (rhus-r.) (ruta.) (sars.) (sabad.) (sep.) sil. (spig.)
 (spong.) (stann.) staph. (stront.) (sulph-ac.) tab. tepl.
 (therid.) thuy. (tongo.)

Compressed from all sides. acon. caust. lam. natr-m. prunus.
 sabad.

Brain feels compressed. arg. asaf. camph.

As if brain were pressed on by an iron helmet. crotal-casc.

Compressed laterally. alum. bov. chin. cic. gamb. hell.
 magn-m. magn-s. meny. natr-m. phell. sars. solan-lyc.

— *from before and behind.* nux-m. spong.

As from an iron skull-cap. cann-ind.

As if head were covered with a cap. acon. berb. sulph.

— *on which some one knocked.* paull.

As if something were stretched over brain. ang. asaf. cycl. hell.

As if compressed by a hot cloth. petiv.

As if head were tightly bound. ant-t. bry. carb-v. cocc. (indig.)
 gymnoel. magn-s. mere. nitr-ac. oleand. petr. pipip.
 plat. puls. sars. spig. zizia.

As if brain were bound up. æth.

Constrictive. (anac.) ant-t. asaf. (aster.) (atham.) (berb.)
 (bry.) cadm-sulph. camph. cann-ind. (carb-v.) (chin.)
 cocc. (colch.) (crotal.) (cubeb.) (elaps.) (eupat-purp.)
 gent-cr. (graph.) (hæm.) (hipp-manc.) hura. (hyos.)
 (ipec.) (iris-v.) (k-nitr.) (lach.) lepid. op. petr. phos.
 (phyt.) (plat.) (puls.) (stann.) (sulph-ac.) tarax. (val.)
 verat.

As if head were encircled by a tight band. acon. anac. cervus.
 gels. (helonias.) iod. mere. (nitr-ac.) plat. stann.
 (sulph.)

— *by a hoop.* brom. guano. kali. lam. lepid. sulph. (therid.)

— *by a hot iron.* acon.

— *by a string.* natr-m. psor.

— *like a tight cord over head.* mosch. (kalm.)

— *by a hot band.* (coccus.)

Contractive. acon. (æth.) agnus. (alum.) ang. (ars.) (asar.)
 (aster.) (bell.) (berb.) (bism.) bov. (carb-an.) (carb-v.)
 (caulloph.) (caust.) (chin.) chel. (coff.) (con.) (croc.)
 (dig.) (fluor-ac.) (gels.) (graph.) grat. hep. (hell.)

(hura.) (ign.) (iris-v.) (kali-bich.) (kali-nitr.) (kiss.)
 laur. (lyc.) (m-aust.) (mang.) (merc.) natr. natr-m.
 (nux-m.) (oleand.) (paris.) (pedic.) (phell.) (phos.)
 plat. (plumb.) psor. (puls.) (ran-scel.) (rhus.) (sep.)
 (spig.) (squill.) (stann.) staph.) (sulph.) (tab.) (tarax.)
 (thuy.) (tongo.) (verat-vir.)

Grasping. (natr-s.) puls.

Pinching. (acon.) (alum.) (carb-an.) (carb-v.) caust. (chel.)
 colch. (lyc.) (merc.) (mez.) petr. phos. (phos-ac.)
 (pimp.) rhod.) (rhus-r.) sep. sil. (sulph.) (verb.)

Screwing together. (acon.) æth. alum. am-mur. bell. (berb.)
 (bov.) castor. caust. (chel.) cina. cinnab. (coec.) (col.)
 euphorb. graph. (grat.) indig. kali. kali-hydr. (lyc.)
 magn-c. magn-s. (merc.) mill.) nice. (ox-ac.) (panac.)
 petr. pimp. (plat.) ran-scel. rat. sabad. sars. stann.
 (sulph.) (sulph-ac.) til. tongo. zinc.

— *by a bolt passing through head.* (hamam.)

— *of brain.* bov.

Squeezing. (acon.) (ant-t.) (am-mur.) (arg.) (asaf.) (bell.)
 (bry.) (cale.) (cale-ac.) (carb-a.) (carb-v.) col. (crotal.)
 (croc.) (eug.) (fluor-ac.) (graph.) hura. (ign.) (indig.)
 kali. (laur.) (lact-v.) lyc. (magn-m.) (meny.) (mez.)
 (murex.) (natr-m.) (natr-s.) nitr-ac. nux. (oleand.)
 phos-ac. (prunus.) (ran-scel.) (rheum.) (sars.) (sep.)
 solan-lyc. (squill.) stram. tax-b. teuer. zinc.

Like a vise. æth. alum. bar-c. bry. merc. (puls.) rat.

Cram. (acon.) (agar.) (am-carb.) (anae.) ang. (cale.) carb-v.
 (chin.) (cina.) (coec.) cubebs.) galv. (graph.) (hep.)
 (lyc.) (m-aust.) (mang.) mosch. (natr.) nitr-ac. (petr.)
 (plat.) psor. (sars.) stann. (stront.) (zinc.)

Spasmodic. (croc.)

Beaten, bruised. acon. (æscul-hipp.) alum. (ang.) (ars.) aur.
 (bapt. bov. (brom.) camph. (carb-an.) (caust.) cham.
 chin. (cie.) cobalt. coff.) (coecus.) con. (crotal.) (cro-
 tal-case.) eupr. (eupr-ars.) (elect.) euphorb.) euphr.
 (gamb.) gels. glon. graph. (grat.) (gymnocl.) (hæm.)
 hell. (hep.) hipp-manc. ign. (iod.) ipec. (kali-nitr.)
 (lach.) lachnanth.) (laur. led. mgs. m-arct. (m-aust.)
 (magn-c. (magn-s. merc. merc-iod.) natr-c. (natr-m.)
 nice. (nitr-ac.) nux. (petr.) phos. (phos-ac.) (phyt.)
 plant. (plat.) (puls.) (rat. (rhod.) (rhus.) (ruta.)
 (sabad.) (sil.) (sulph.) (sulph-ac.) (tab.) (thuy.) val.
 verat. (zinc.)

Boring. (agar.) (alum.) (am-carb.) (am-mur.) (ant-c.) (ant-t.)

(apis.) (arg.) (arum-tr.) (aster.) (aur.) bell. (bism.) (borax.) (bov.) (calc-ac.) (camph.) calad. carb-an. (carb-v.) (caust.) (cimicif.) clem.) (cocceus.) (colch.) (col.) (cochlear.) coce. (dros.) (dule.) (elaps.) (grat.) (hell.) hep.) (ipec.) (iris-v.) (kali.) (lach.) (laur.) lepid.) (lyc.) (m-aret.) (magn-c.) (magn-m.) (magn-s.) (mang.) merc.) (mez.) mosch. (mur-ac.) (natr-m.) (natr-s.) (nice.) (nitr-ac.) (nuphar.) (ol-an.) oleand. (onisc.) (op.) petr. (phos-ac.) (phos.) (plant.) (plat.) (psor.) (puls.) (ran-scel.) (rhod.) (ruta.) sabin. (sabad.) (sang.) seneg. (sep.) (sil.) (solan-lyc.) (spig.) spiggur. (spong.) (stann.) staph. (stront.) (sulph.) (tepl.) thuy. (triost.) (zinc.)

Broken. æth. (aur.) (natr-s.)

Crushed. æth. alum. aster. (caust.) coff. (graph.) ign. (m-aret.) mur-ac. phos. sep. stann. stront. sulph-ac. verat.

Digging. agar. (anac.) (ang-sp.) ant-t. arg-nit. aur. (bar-ac.) (bell.) (berb.) (bism.) (bov.) (bry.) calc. (calc-ac.) caust. (chin.) (chin-sulph.) (cinnab.) clem. r. coce. (cocceus.) (col.) (dule.) hep. ign.) jacarand.) (juncus.) kali-bich. (kali-hydr.) lyc. mgs. m-aust. (mang.) (mang-m.) (merc.) (mez.) (natr-m.) nux. (ol-an.) (phell.) (phos.) (plat.) (rat.) rhus. sabin. sep. (spig.) (squill.) (til.)

Drawing. (æcon.) (æth.) agar. (alum.) (alcohol-sulph.) ambr. am-carb. ant-t. (ant-c.) (anac.) (ang.) (apis.) aranea. arg-nit. (arg.) (arn.) ars.) asar. (asaf.) (atham.) (aur-mur.) (badiag.) (bar-ac.) (bar-c.) bell. bism. (borax.) bov. (brom.) (bry.) (caet.) (calad.) (calc-ac.) calc. r. (camph.) (cann.) canth. (caps.) carb-an. carb-v. (castor.) (caust.) (cauloph.) (cham.) (chenop.) (chel.) (china.) (chin-sulph.) (cic.) cina. l. (cinnab.) (cimex.) (clem.) (cocceus.) (coff.) (colch.) (col.) con. (cornuscirc.) (eroc.) (crotal.) (cycl.) cupr. (dig.) (dros.) (dule.) (eryng.) eug. (evon.) ferr. (fluor-ac.) gamb. (gels.) (glon.) graph. (grat.) guiac. hell. (helist.) (hep.) (ign.) ipec. (indig.) juncus. (kali.) (kali-bich.) (kali-chlor.) (kali-nitr.) kalm. (kiss.) kreas. lach. (lact-v.) (laur.) lam.) (lepid.) lupul. m-aret. m-aust. magn-c. mang. (meny.) merc. (mere-bin.) mosch. (mur-ac.) natr-c. (natr-m.) nitr-ac. nux. (oleand.) ol-an. (op.) (paris.) petr. phos. (phos-ac.) (phyt.) (plat.) (pothos.) (psor.) puls. (rat.) (ran-bulb.) (ran-scel.) (rheum.) (rhod.) rhus. (ruta.) (sabad.) sabin. (sang.) (sars.)

sep. (seneg.) (selen.) (sil.) (solan-t-ægr.) (spig.) (spong.)
 (squill.) stann. (staph.) stront. sulph. sulph-ac. (tab.)
 (tarax.) thuy. (til.) tongo. (val.) verat. (verat-vir.)
 (verb.) (viol-od.) (viol-tr.) zingib. (zinc.)

Dull. acon. (æscul-hipp.) (æth.) agar. alum. (alcohol-sulph.)
 anac. ant-c. (ant-t.) apis. arg. (arn.) (ars.) arum-tr.
 (asaf.) asar. (asclep-tub.) atham. (bapt.) (bar-ac.)
 (bar-c.) bell. berb. bism. (borax.) bov. brom. (bry.)
 (calc-ac.) calc. (calc-caust.) (calc-iod.) (calend.) canth.
 (case.) (carb-v.) (camph.) (caust.) (cauloph.) cham.
 (chel.) chin. chin-sulph. (cimicif.) cina. (cist.) (cinnab.)
 coec. coccus. (coecin.) (collinson.) con. cornus-circ.
 (cupr-ars.) (cycl.) (diosc.) dule. (elat.) eriger. (eryng.)
 (euphorb.) eupat-purp. (ferr.) fluor-ac. gels. gent-lut.
 glon. (graph.) (gymnoel.) guiac. (hamam.) hedeom-
 pul. hell. hep. hydrast. (hydr-ac.) hyos. ign. ipec.
 (iris-v.) jacarand. kali-bich. (kali-hydr.) (kalm.) lach.
 lachnanth. lact-v. led. lepid. (leptand.) lob-c. (lob-
 infl.) lup. lyc. (m-aust.) magn-m. magn-s. mang. meny.
 (merc.) merc-bin. merc-iod. (mercurial.) (mez.)
 (meph.) (mitch.) (morph-ac.) mosch. (myrica.) natr
 natr-m. nitr-ac. (nuphar.) (nux.) nux-j. (oleand.) (ol-
 an.) (op.) ox-ac. (petiv.) pedic. petr. phell. phos.
 (phos-ac.) phyt. (plat.) (plumb.) (podoph.) polygon.
 (psor.) (puls.) (puls-nutt.) (raph.) (ran-scel.) (rheum.)
 rhod. rhus-glab. rhus-r. (rhus-ven.) rumex. (sabad.)
 (sabin.) (samb.) sang. (sarrac-purp.) sars. scutell.
 sec. (selen.) seneg. sep. (serp.) spig. (spong.) squill.
 (stilling.) (staph.) stram. stront. (sulph-ac.) (tab.)
 (tarax.) tereb. teucr. (therid.) thuy. (tongo.) (trom-
 bid.) urt-ur. (val.) (verat.) verat-vir. viol-od. viol-tr.
 (zingib.) (zinc.) (zinc-ox.) (zizia.)

Heavy. (calc-iod.) cornus-circ. (eupat-purp.) (iris-v.) (rhus-
 ven.) (sarrac-purp.) (stilling.)

Gnawing. alum. (bov.) (calc.) (cinnab.) (dros.) (kali-hydr.)
 (merc-bin.) (natr-m.) (nice.) (ol-an.) ox-ac. pæon.
 (paris.) (phos.) (ran-scel.) (ruta.) (zinc.)

Pecking. (arist.) ars. (carb-an.) ign. (magn-s.) (mosch.) nux.
 (op.) rhus. (sulph.) (verb.)

Pressing. acon. æscul-hipp. (æth.) (agn.) agar. alcohol-sulph.
 (aloes.) alum. ambr. ammoniac. (am-caust.) (am-mur.)
 (amygd.) anac. (anagall.) ang. anthrak. (ant-c.) (ant-
 t.) apis. aranea. (arg.) arg-nit. arn. ars. ars-hydr.
 (arum-mac.) arum-tr. asaf. asar. (asparag.) (aster.)

atham. aur. (bapt.) bar-ac. r. bell. berb. (benz-ac.)
 bism. (blatta.) borax. bov. brom. bry. (bufo.) (cact.)
 (cainca.) (calad.) calc-ac. (calc.) calc-caust. camph.
 cann. (canth.) (caps.) carb-an. carb-v. card. (castor-
 eum.) (caulloph.) caust. cham. (chel.) (chenop.) chin.
 (chin-sulph.) cina. cinnab. cinch-sulph. cist. elem. r.
 (cobalt.) coccus. cocc. (coff.) (col.) cochl. corall. con.
 (convolv.) cornus-circ. (croc.) (crota.) (crota-casc.)
 (croton.) (cycl.) cubebs. cuprum. dig. dros. dulc.
 (electr.) (eug.) (euphorb.) euphr. (evon.) ferr. fluor-ac.
 galv. gamb. gels. (gent-cr.) gent-lut. (gins.) glon.
 gran. (grat.) graph. guiac. (gymnocl.) (hæm.) (ha-
 mam.) hell. hep. (hippomanes.) hura.) (hydrast.)
 hydr-ac. (hyos.) ign. indig. iod. ipec. (itu.) (jacarand.)
 (jatroph.) juncus. kali. kali-bich. kali-nit. (kalm.)
 (kiss.) lach. (lachnanth.) (lact-v.) laur. led. (lith-c.)
 lob-infl. lyc. (lycopus.) (lupul.) m-arct. (m-aust.)
 magn-c. (magn-m.) magn-s. mang. meny. (meph.)
 mercurial. merc. merc-bin. (merc-iod.) mez. r. (mi-
 mosa.) morph-ac. mosch. (murex.) mur-ac. (nabu-
 lus.) natr. natr-m. (natr-s.) nitr-ac. (nuphar.) nux.
 nux-j. (nux-m.) oleand. ol-an. (onisc.) op. (ox-ac.)
 (pæon.) (panacea.) paris. petiv. petr. (phell.) phos.
 phos-ac. phyt. (pimp.) piper. plat. (podoph.) (pothos.)
 prunus. psor. puls. (ran-bulb.) (ran-scel.) (raph.)
 rheum. rhod. rhus. rhus-r. ruta. sabad. sabin. (sang.)
 samb. sars. scrof. seneg. sep. serp. sil. (solan-t-ægr.)
 spig. spong. squill. stann. (sticta.) (staph.) stram.
 stront. sulph. (sulph-ac.) (tab.) (tax-b.) tarax. tepl.
 tereb. (teucr.) (therid.) thuy. (til.) tongo. val. verat.
 verb. vinca. (viol-od.) viol-tr. (xanthox.) zingib. zinc.
 (zinc-ox.) (zizia.)

As if relieved from a pressure from without. mitch.

Pressing inwards. (alum.) anac. (ant-c.) ant-t. l. (asaf.) asar.
 (bapt.) (bell.) (calc-ac.) (cocc.) hell. (ign.) (kali.) (laur.)
 (lith-c.) (mez.) (natr.) (natr-m.) (natr-s.) (natr-nitr.)
 nice. nitr-ac. (nux.) (nux-m.) (ol-an.) (oleand.) (ox-ac.)
 (piper.) (plat.) (ran-scel.) (rhod.) sabin. sabad. spig.
 (stann.) (sulph.) (sulph-ac.) (tepl.) (thuy.) (val.)
 zingib. (zinc.)

Pressing downwards. (ambr.) (am-mur.) (anac.) (ant-t.) (asar.)
 (bar-c.) (bell.) (bry.) (cinc.) cocc. (con.) (croton.)
 (cuprum.) (glon.) graph. hura. mgs. m-arct. mang.
 meny. (mercurial.) mere. (mur-ac.) nitr-ac. (nux.)

(ol-an.) (oleand.) (phos-ac.) (pimp.) (rhus.) (sabad.)
sulph.

As if a board lay on head. (æscul-hipp.) calc. (carb-an.) (cocc.)
(dule.) (ëug.) (op.) (plat.) (sulph.) (tab.) zingib.

Pressing outwards. acon. (alcohol-sulph.) (alum.) (aloes.)
(anac.) (asaf.) (asar.) (atham.) (bar-ac.) (bar-c.) bell.
(berb.) (bism.) (borax.) bry. (calc-ac.) (calc.) camph.
(canth.) (caps.) (carb-v.) (caust.) (chel.) (chin.) (cimex.)
(cinc.) (cimicif.) (col.) (con.) (corall.) (dros.) dule.
fluor-ac. (gent-lut.) (glon.) (graph.) (hell.) (helonias.)
hep. (hydrast.) (ign.) (ipec.) kali. kreas. (lach.) (lact-
v.) (lachnanth.) (laur.) (lob-infl.) (lycopus.) (m-aust.)
(magn-m.) (meny.) (merc.) mez. (myrist.) (mur-ac.)
(natr.) (natr-m.) (nux.) (nux-m.) (oleand.) (op.) paris.
(paull.) (petiv.) (phos.) (phos-ac.) (psor.) prunus.
(ran-bulb.) (ran-scel.) (rhod.) (rhus.) sabin. sabad.
samb. (senecio-aur.) sep. (sil.) (solan-lyc.) (spig.)
(spong.) (stann.) (staph.) (stront.) (sulph.) tarax.
(verb.) (viol-tr.)

As if brain was pressed out with a plug. prunus.

Pressing forwards. agn. bry. canth. mur-ac. nitr-ac. (nux.)
(ol-an.) paull. (phos-ac.) (plumb.) (sabad.) sil. (stront.)
thuy.

Pressing asunder. am-carb. bell. bry. (calc-ac.) (chin-sulph.)
(corall.) euphorb. (hell.) (juncus.) (kali-nitr.) (lyc.)
m-arct. merc. (mez.) morph-ac. nux. prunus. (ran-
bulb.) (rhus.) sabad. (sabin.) sil. (spig.) stann. (staph.)
(zinc.)

Pressing upwards. (coccus.) (dule.) fluor-ac. gent-lut. guiac.
meph. (mercurial.) (oleand.) phos-ac. (rhus.) (rhus-r.)
tarax.

Pressure as from a stone. bell. (con.) (natr-s.)

— *as with fingers.* (lachn.) meph. (nitr-ac.) (ol-an.) (stront.)

— *as with an instrument.* (anac.) (asaf.) (calc.) (cann.)
dule. (hep.) (indig.) mgs. (oleand.) paull. (plat.) psor.
thuy.

— *like a nail.* (agar.) (carb-v.) (coff.) (hep.) (ign.) (kiss.)
(natr-m.) (nux.) (puls-nutt.) ruta. (thuy.)

— *outwards.* (ign.)

As from deranged stomach. coccus.

Oppressive. cist.

Rheumatic. (bar-c.) (calc-caust.) caust. (coccus.) (coff.) galv.
nux. (staph.)

Stupefying. (acon.) æscul-hipp. agar. (alum.) anac. ant-c.

(ant-t.) apocyn-cann. arn. (ars.) ars-hyd. asaf. asar.
aur. (bar-ac.) (bov.) (brom.) bry. calc. calc-ac. (calad.)
(cann.) (carb-an.) (caust.) (chin.) (chel.) cina. (cinnab.)
(con.) (croton.) dule. (evon.) (euphorb.) gels. hell.
hydrast. hydr-ac. (hyos.) (ign.) (iris-v.) itu. laur. led.
lyc. mgs. (magn-c.) (mang.) (meny.) mez. mosch.
(mur-ac.) (natr.) natr-m. nice. nux. oleand. (ol-an.)
(paris.) phos. (phos-ac.) (plat.) (podoph.) puls. rheum.
rhod. rhus. (ruta.) sabad. (sabin.) samb. (seneg.)
(stann.) staph. (sulph.) (sulph-ac.) (tarax.) (tepl.)
thuy. val. verb. zinc.

Tingling. arg. (cuprum.) (grat.) rhus.

— *like a vibrating steel spring.* grat.

Tristing. kali. natr-m. sabad.

Cutting. (agar.) alum. ambr. (arg.) (arg-nit.) arn. (aur.)
bell. bism. (calc.) (calc-ac.) (camph.) canth. (caps.)
(carb-v.) (card.) (caust.) (chin.) (col.) (coccus.) (cupr.)
(diose.) (dros.) (eupat-purp.) (ferr.) (glon.) (hydrast.)
(iris-v.) kali-bich. kali-chlor. (mur-ac.) natr-m. nitr-
ac. puls. (puls-nutt.) (senecio-aur.) (sil.) (sulph.)
(tongo.)

Knife-thrust. alum. (arn.) bar-c. bell. (calc-ac.) (camph.)
(con.) (glon.) (indig.) kali-bich. lach. magn-c. magn-s.
(merc-iod.) natr-m. (petiv.) (sabin.) (tepl.) (verb.)

As if head were half cut through. mosch.

Head seems divided to nose. xanthox.

As if a piece were cut off. (lach.)

Lacerating. agar. (caust.) coff. ferr. ign. mur-ac. nice. (nux.)
op. plat. puls. (rhus.) staph. (thuy.) zinc.

Neuralgic. (ascul-hipp.) cubebs. (leptand.) piper.

Pricking. (am-carb.) (apis.) (asaf.) (aselep-tub.) (aur.) bar-c.
(calc.) (calc-ac.) (caulloph.) cham. (chin-sulph.) (cin-
nab.) (coce.) con. (dros.) eug. (euphr.) (hep.) hydrast.
(hyos.) (kali.) lachnanth. (lam.) (laur.) lepid (lyc.)
(mang.) (melast.) (natr-m.) (nice.) piper. (plat.) (phos.)
phos-ac. rhus. (rhus-r.) (sep.) (spiggur.) (spong.)
(staph.) (tarax.) thuy. (verb.) (viol-od.) (viol-tr.)
(zinc.)

— *like nails.* aselep-tub.

Raking. (kreas.) puls.

Shooting. acon. (ascul-hipp.) æth. (agar.) (agn.) (alcohol-
sulph.) alum. (aloes.) ambr. am-carb. (am-mur.) anac.
(anagall.) (ang.) ang-sp. (ant-c.) ant-t. (apis.) arg.
(arg-nit.) arist. arn. (ars-cit.) (arum-tr.) asaf. aster.

(bapt.) (bar-ac.) bar-c. bell. berb. (blatta.) (borax.)
 bov. (brom.) bry. (bufo.) (cadm-sulph.) (caine.) (calad.)
 cale. (cale-ac.) (cale-caust.) (camph.) (cancer.) (cann.)
 canth. caps. (carb-an.) (carb-v.) (card.) castoreum.
 caust. cham. (chel.) (chenop.) chin. (chin-sulph.)
 (cie.) (cimex.) (cimicif.) (cinnab.) coccus. (coce.)
 (coccin.) col. con. (comoclad.) cornus-circ. croc. (cro-
 tal.) (crotal-case.) (croton.) cubebs. (cuprum.) (cupr-
 ars.) (cycl.) (daphn.) (dig.) (diose.) dule. (elaps.)
 (electr.) (eryng.) (evon.) (euphorb.) ferr. (fluor-ac.)
 (gamb.) (gels.) (gent-cr.) (gins.) (glon.) gran. (grat.)
 guiac. (gymnocl.) (hell.) hep. hipp-manc. hura. hy-
 drast. hydr-ac. hyos. (hyp.) ign. (indig.) (iod.) ipec.
 (iris-v.) (itu.) (jacarand.) (jatroph.) kali. kali-bich.
 kali-nitr. (kali-hydr.) (kalm.) (kreas.) lach. (lact-v.)
 lam. laur. (led.) (lepid.) (lob-c.) (lob-infl.) lye. (m-
 arct.) (m-aust.) magn-c. (magn-m.) magn-s. (mang.)
 (melast.) (meny.) merc. (merc-corr.) (merc-bin.) merc-
 iod. merc-sulph. mercurial. (mez.) (mill.) (mosch.)
 mur-ac. natr. natr-m. nice. nitr-ac. (nuphar.) nux.
 (nux-m.) (oleand.) ol-an. op. paris. (paul.) pediculus.
 (petiveria.) petr. (phell.) phos. phos-ac. (phyt.) (pimp.)
 (plat.) (plumb.) plumbago. (plant.) (podoph.) (prunus.)
 (psor.) (raph.) rat. (ran-scel.) (rheum.) rhod. (rhus.)
 rhus-r. (rumex.) (ruta.) (sabad.) sabin. (sang.) (sar-
 racen-purp.) sars. seneg. (senecio-aur.) (selen.) sep.
 serp. sil. (solan-t-ægr.) (spong.) (spiggar.) (squill.)
 (stann.) staph. (stilling.) stront. sulph. sulph-ac.
 (tab.) (tarax.) (tax-b.) tepl. (tereb.) teucr. thuy. (til.)
 tongo. (trombid.) val. (verat.) verb. (vinca.) (viol-tr.)
 vip-t. (zingib.) zinc. (zinc-ox.)

— as if all round brain. alum.

Tearing. (acon.) æth. (agar.) (agn.) (alcohol-sulph.) alum.
 ambr. am-carb. (am-mur.) (ammoniac.) anac. (ang.)
 ant-c. (ant-t.) arg. (arg-nit.) (arn.) ars. ars-hydr.
 (arum-tr.) (asar.) aur. (bar-c.) bell. berb. (bism.)
 (borax.) bov. (bry.) calad. cale. (cale-ac.) (cale-caust.)
 camph. canth. (caps.) carb-an. (carb-v.) (castor.)
 caust. cham. (chel.) chin. cina. *l.* (cobalt.) cocc. (coc-
 cus.) (coccin.) (coff.) (colch.) col. (con.) (croton.)
 (cuprum.) (dig.) (dros.) (dulc.) (electr.) (euphorb.)
 (gamb.) (gran.) (graph.) (grat.) (guiac.) (hell.) hyos.
 (hyp.) (ign.) (indig.) ipec. (iod.) kali. (kali-bich.)
 (kali-nitr.) (kali-hyd.) kalm. kreas. lach. (lachnanth.)

(lact-v.) lam. laur. led. lyc. mgs. (m-arct.) (m-aust.) magn-c. magn-m. magn-s. (mang.) (meny.) (mercurial.) mere. (mere-bin.) (mez.) (mill.) (mosch.) (mur-ac.) natr. (natr-m.) (natr-s.) nice. (nitr-ac.) nux. ol-an. (op.) (phell.) phos. phos-ac. (phyt.) (plumb.) psor. (puls.) (ran-bulb.) rat. rheum. (rhod.) rhus. (ruta.) sabin. l. (samb.) sars. selen. (seneg.) (sep.) sil. (spig.) (spong.) squill. (stann.) (staph.) stront. sulph. sulph-ac. (tarax.) tereb. tepl. (teucr.) til. (thuy.) tongo. verat. (verb.) (vinca.) viol-tr. vip-t. zinc. (zinc-ox.)

Bursting. (am-carb.) (am-caust.) (am-mur.) (ant-c.) ars. bar-ac. bell. bov. caps. (carb-an.) (castor.) cham. chin. chin-sulph. cobalt. con. (crotal-case.) daph. (dig.) euphr. (ferr.) gent-cr. (graph.) guano. gymnoclad. hep. hydrast. ign. (kali.) (kali-bich.) (kali-hyd.) lyc. mere. mez. morph-ac. (natr.) natr-m. (natr-s.) (nice.) nux. (oleand.) (petiv.) (petr.) phos. phos-ac. (piper.) (psor.) puls. rat. (rhus-r.) (sang.) sep. sil. (spig.) (spong.) staph. (stront.) sulph. sulph-ac. (zinc.)

As if broken. æth.

Expansive. (bism.) (bry.) (coccin.) (eryng.) stront. (tarax.)

Forcing outwards. calc. (chel.) mere. mosch. rhod. sil.

Splitting. am-carb. (am-mur.) (ant-c.) aster. (bar-c.) (berb.) (brom.) (carb-an.) con. kali-nitr. (mez.) (natr-s.) nux. paull. (puls.) (sulph.) (zinc.)

As if split by a wedge from outside to within. lachnanth.

Stretching. calc. (cinc.) (dig.) (mosch.) stann. tarax.

— *outwards.* arn. bell. caps. spig. stront.

As if brain were stretched. plantago.

Stuffed. graph.

Tensive. (acon.) æth. (alum.) (agn.) ambr. (am-c.) (ang.) (ant-t.) (apis.) arg-nitr. ars. asaf. asar. (bar-ac.) (bell.) herb. bov. bry. (cact.) (calc.) (cann.) carb-v. caust. (chenop.) (clem.) (coccus.) coff. (colch.) (col.) (con.) cornus-circ. (croton.) (crotal-case.) (dig.) (dros.) (dulc.) (euphorb.) (fluor-ac.) galv. gels. (gent-cr.) (gent-lut.) glon. graph. (grat.) (hell.) (hep.) (hydr-ac.) (hyp.) ipec. (kali-chlor.) (kali-hyd.) kali-nitr. kreas. lach. (lact-v.) (lith-c.) lob-infl. lyc. (m-arct.) m-aust. (magn-c.) mang. (meny.) mercurial. mere. (mez.) morph. morph-ac. mosch. (mur-ac.) natr.. natr-m. nitr-ac. nux. (ol-an.) op. paris. petr. (pimp.) phos-ac. (plat.) puls. rheum. (rhod.) sabad. samb

(sars.) sep. sil. (spig.) stront. sulph. sulph-ac. (tongo.)
(val.) (verat.) (verb.) (zinc-ox.)

— *like lightning.* sars.

Banging. æth. (alum.) (am-carb.) (ang.) (arg-nitr.) bov.
indig. (kali-bich.) (magn-m.) mill. (sabin.) zinc.

Blows. (æth.) am-carb. (bar-ac.) (bell.) calc. (calc-ac.) (castor.) caust. (chel.) (croce.) crotal. ferr. (gins.) (graph.)
(lach.) (laur.) (lyc.) (m-arct.) (m-aust.) mgs. merc.
(mill.) natr-m. nitr-ac. nux. (oleand.) paull. phos.
phos-ac. (prunus.) psor. (puls.) (ran-bulb.) (rhus-r.)
(sabad.) (spig.) (squill.) sulph. (sulph-ac.) thuy.
tongo.

As if a plug were driven in by blows. sulph-ac.

Concussion. led. mang.

Hacking. kali-nitr. phos-ac.

Hammering. (alcohol-sulph.) (am-mur.) ang. (ars.) (chin.)
(cic.) clem. cupr-ac. eleis. ferr. (glon.) hep. hipp-
manc. indig. lepid. magn-s. nice. nitr-ac. (oleand.)
(ol-an.) (paull.) (phos.) psor. sars. sulph. (verb.)
(vinca.)

Jerking. (acon.) (æth.) (agar.) (alcohol-sulph.) (alum.) ambr.
(am-mur.) (anac.) (ant-t.) (arg-nit.) (arn.) (bar-ac.)
(bar-c.) bell. (berb.) (borax.) (bov.) (brom.) bry. calc.
(calc-ac.) (canth.) (carb-an.) carb-v. (castor.) caust.
(cham.) chin. (coccus.) (croce.) croton. (cuprum.) dig.
(dule.) (fluor-ac.) (gent-cr.) (gran.) (grat.) ign. (indig.)
kali. (kali-chlor.) (kali-hyd.) (kali-nitr.) (kreas.)
(lact-v.) lyc. mgs. m-aust. magn-c. (magn-m.) (magn-
s.) (meny.) (merc.) (mur-ac.) natr. natr-m. (nice.)
nitr-ac. nux. (nux-m.) (ox-ac.) (petr.) phos. phos-ac.
(plat.) (plumb.) (prunus.) (puls.) (ran-scel.) rat. rhod.
rhus. (sabad.) samb. sep. sil. spig. (spong.) (squill.)
stann. stront. sulph. sulph-ac. (teucr.) thuy. (val.)
(verb.) (zinc.)

Pulsative. acon. æth. alum. am-c. (ang.) (ant-t.) (apocyn-
andr.) (arg-nit.) (asar.) bell. bov. (brom.) bry. cact.
(calc.) (calc-ac.) camph. cann. (cadm-s.) (canth.)
(carb-v.) cham. (chel.) (chin.) (cinnab.) (con.) (cornus-
cire.) croce. (cubeb.) (daphn.) (dig.) eupat-purp. eug.
euphr. ferr. ferr-mag. glon. (hell.) (helonias.) (hep.)
hipp-manc. (hyp.) (hyos.) ign. iod. (kali-bich.)
(kalm.) (kreas.) lach. laur. led. (lepid.) lyc. (m-aust.)
(magn-c.) (merc.) (merc-bin.) (natr.) natr-m. natr-s.
(nux-m.) (ol-an.) (oleand.) op. (paris.) (petr.) phos.

phos-ac. plumb. polygonum. puls. (rheum.) sang.
sars. (sep.) sil. (spig.) (spong.) squill. (staph.) (stann.)
(stram.) sulph. thuy. (zinc.)

— *like waves.* hyos.

Shocks. (croc.) hydr-ac. (kalm.) lob-infl. magn-s. natr-m.
nicc. phos-ac. (sulph-ac.) verat.

Throbbing. (acon.) (æscul-hipp.) æth. alum. (agar.) (am-c.)
(amphisb.) (anagall.) (aug.) (ant-t.) apis. (arg.) (arg-
nit.) (arn.) ars. (ars-citr.) (asaf.) (asar.) asterias. (aur.)
(bar-c.) bell. (berb.) borax. bov. (brom.) bry. calc.
(calc-caust.) camph. cann. (cann-ind.) (canth.) caps.
carb-an. carb-v. (castoreum.) caust. cham. chin.
cimicif. (cinnab.) (cinch-sulph.) (clem.) (coccus.)
(cocc.) coff. (col.) collinson. (con.) (cornus-circ.) (cupr-
ars.) daphn. (dig.) (dule.) electr. (eupat-perf.) ferr.
(fluor-ac.) (gamb.) (gels.) gent-lut. glon. (graph.)
grat. (gymnocl.) (hell.) (hep.) (hura.) (hydrast.) (hy-
per.) ign. indig. iod. (itu.) kali. kali-bich. (kali-chlor.)
(kali-nitr.) (lach.) (lachnanth.) lamium. (laur.)
(lepid.) lith-c. (lob-card.) (m-aust.) (magn-c.) magn-
m. magn-s. mang. (merc.) merc-iod. (mez.) (mitch.)
morph-ac. natr. natr-m. (nitr-ac.) (nux.) (nux-m.)
(oleand.) (ol-an.) paris. (pedic.) (petiv.) petr. (phell.)
phos. phos-ac. piper. (plumb.) puls. (ran-bulb.) rheum.
rhod. rhus. rhus-r. (ruta.) sabin. (sabad.) sang. sars.
sec. seneg. sep. sil. (solan-t-ægr.) (spong.) stilling.
(stann.) (stram.) sulph. (sulph-ac.) (tab.) tepl. (therid.)
tongo. verat. xanthox. zinc. (zingib.)

— *as from a large artery.* (ang.)

Undulating. ferr. (fluor-ac.) magn-m. paris. (plat.)

PECULIAR PAINS.

Painfulness of brain. arg. calc-ac. caust. col. dros. mosch.
rhod.

Electric shocks. asterias. (fluor-ac.) (mitch.) (natr-s.) (sang.)
sarracen-purp.

Like electric vibration. cubebs.

Prickling like electric stream. nux-m.

As if a ball were rising from throat into brain. plumb.

The pains in heart extend to head. lith-c.

Feels palpitation of heart in head. lith-c.

As if eyes would come out. acon. cham. cocc. gymnocl. lach-
nanth. m-aret. nux. psoric. sep. sil. zingib. r.

As if brain would fall out. sil. staph.
As if brain were raised up. acon. mgs.
As from displacement of flatulence. sulph.
As from wind blowing through head. col. corall. (croc.) puls.
 sabin. (zinc.)
 — *cold wind.* (croc.) (zinc.)
Curious feeling. glon. strychn. therid.
Indescribable feeling (not pain.) therid.
*As if blood were forced through brain at each pulse (pressing,
 drawing.)* hell.
As if brain were torn. coff. (hep.) mur-ac. puls. (thuy.)
 — *dashed to pieces.* coff.
 — *demolished.* mur-ac.
Grinding pain. xanthox.
Like water in head. am-c. bell. lach. plat. samb. (sedint.)
As if a net were drawn through brain. (cinch-sulph.)
Like a worm crawling. (sulph.)
Like a thread drawn through brain longitudinally. sabad.
Like the stroke of a rusty saw. (panacea.)
As if a bud were slowly expanding there. (bry.)
As if the blood stopped. (chel.) (sulph.)
*As if head and spine were pressed together by an elastic body,
 so that he involuntarily bends forward.* (benz-ac.)
As if a fluid were injected into a bloodvessel. (coccus.)
As if a nerve were torn. (arg.)
Like a blow on ulnar nerve. (fluor-ac.)
As if arteries had to overcome an obstacle. (spig.)
As of a vapor rising. (atham.)
As in fever. (con.)
As if dislocated. (prunus.)
As if a thread from eye to brain were stretched. (paris.)
Paralytic. (cina.) (lyc.) (sarracen-purp.)

SECTION II.—ANATOMICAL REGIONS.

ANTERIOR HEAD.

Cloudiness. bell. rheum.
Confusion. ang-sp. coff. col. mez. phos. rhod. sep. squill.
 vinca. zinc-ox.
Dull feeling. mez. paris.
Stupid feeling. croc.
Stupefaction. arg. mez.

- Creeping.* phos-ac.
Congestion. ran-bulb. viol-od.
Fulness. ang. hydrast. sang.
Rush of blood. fluor-ac.
As if full of blood. ran-bulb.
Heat. cinnab.
Heaviness. ang-sp. kali. kreas. laur. rhod. tongo. zinc-ox.
Numbness as after a blow. plat.
Pain. branea. brom. crotal. kali. phyt. sang.
 — *as from coryza coming on.* berb.
Raw. m-arct. prunus.
Sore. bapt.
Compressive. plat. sil.
Constrictive. cann. plat.
Contractive. mang. merc.
Screwing in. merc. nice.
Squeezing. anac. laur. til.
Boring. carb-v. nice. ol-an.
Bruised. ang. ars. m-arct.
As from a blow. plat.
Digging. bry. dule. magn-m. merc. ol-an. plat.
Drawing. ant-t. bry. carb-v. chin-s. graph. guaiac. heliot.
 kali. mang. merc. sep.
Dull. ant-c. canth. ign. merc. mez. mitch. phell. phos-ac.
 plat. rheum. rhus-r. sabad. sulph. sulph-ac.
Pressing. anac. ant-t. arg. asar. berb. brom. bry. cainca.
 cale. camph. carb-v. clem. coce. col. corall. croton.
 fluor-ac. gent-lut. heliot. ign. kali. kali-nitr. magn-c.
 magn-m. mang. merc. mercurial. mez. mur-ac. nitr-
 ac. nux-m. phos-ac. prunus. rheum. ruta. sabad.
 seneg. spig. squill. stann. teucr. til. zinc.
 — *inwards.* bell.
 — *downwards.* ant-t.
 — *upwards.* gent-lut.
 — *backwards.* tab.
 — *outwards.* cuprum. dule. prunus.
 — *asunder.* mez.
Stupefying. brom. cina.
Cutting. bell.
Lacerating. graph.
Shooting. ant-t. arn. bell. brom. canth. croton. cycl. dule.
 kali. laur. mang. phos. plat. plumb. sulph-ac.
Tearing. bell. carb-v. grat. guaiac. merc. sil. zinc.
As if it would burst. am-c.

Forcing. gent-lut.

— *out.* prunus.

Tensive. ant-t. cann. clem. croton. dig. kali-chlor. mercurial. merc. plat.

Banging. sabin.

Jerking. arn. dule. phos. stann.

Throbbing. brom. grat. kali. lyc. morph-ac. rheum. zinc.

As if a net were drawn through brain. cinch-s.

FOREHEAD.

Coldness (internally). cistus.

Cloudiness. clem. graph. hell. nux-m. thuy.

Confusion. acon. r. alcohol-s. alum. arg-nit. bar-ac. brom. bry. canth. chin. clem. col. r. coccus. croc. electr. gent-lut. hæm. hura. kali-bich. kali-nitr. laur. lobel-infl. mang. nux-m. ol-an. op. phos. plat. rat. rhod. ruta. sabin. solan-t-ægr. til. val.

Dull feeling. aloes. arum-tr. ars-met. nux. op. ox-ac. phyt. plat. rhus-r. sep. thea.

Muddled feeling. croc.

Stupid feeling. hell. mur-ac.

Stupefaction. bell. fluor-ac. hep. phos. phos-ac. psor. l. tilia.

Creeping. colch. phos. puls. tarax. zinc.

Congestion. badiag. cinnab. fluor-ac. spong.

Pulsation of vessels. bell. hell.

Rush of blood. bell. fluor-ac. r. magn-c.

Emptiness. caust.

Fulness. acon. am-c. asterias. berb. borax. bry. calc. calc-iod. cinnab. glon. r. hydrast. laur. lobel-c. magn-s. ran-scel. sulph. til.

Hardness (of brain). mez.

Heat. alcohol-s. alum. am-m. ant-t. badiag. bapt. calc. calend. carb-an. carb-v. caust. coccus. cupr-ars. euphr. fluor-ac. graph. hep. kali. kali-bich. kali-nitr. kreas. lact-v. laur. magn-m. magn-s. natr. natr-m. nice. petiv. phell. l. phos. ran-bulb. sil. spong. stann. tax-b. viol-od.

— *flying.* calend. electr.

Heaviness. acon. æth. agar. am-c. am-m. amphisb. amygd. ang. arn. ars-met. arum-tr. asparag. bar-c. r. berb. bism. bov. l. brom. bry. calc. camph. canth. carb-an. carb-v. castoreum. cervus. clem. col. comoclad. con. dule. elaps. electr. gamb. glon. grat. hæm. hep. hura.

hydrast. jacarand. itu. kali-bich. kali-hydr. *l.* kali-nitr. kreas. lach. laur. magn-e. magn-m. magn-s. mang. (merc-bin.) morph-ac. natr-m. *l.* nice. nuphar. *r.* nux. ox-ac. panacea. petiv. phos. phyt. plumb. rhus-r. rhus-t. ruta. sars. sil. solan-t-ægr. stront. sulph. thea. tongo. zingib.

Itching. sabad.

Motion, as if brain were loose. natr-m. *l.* nice. sulph-ac.

— *as if brain moved.* phell.

— *dull movements.* bry.

— *as if brain shook.* natr-m.

— *as if brain fell forwards.* berb. bry. coff. grat. kali. laur. magn-s.

— *as if brain fell from side to side.* sulph-ac.

— *as if brain knocked against skull.* natr-m.

— *as if brain rose and sank.* bell.

— *as if something fell here and there.* sulph-ac.

— *as if something turned round.* kali.

— *as if a ball were rolling round.* hura.

— *as if a hot body fell forwards.* kali.

— *undulation.* cina. merc. petr.

— *splashing.* asaf.

— *bubbling.* asaf.

Noises, bubbling. asaf.

— *buzzing.* sulph. veratr. viol-tr.

— *crepitation, as from gold tinsel.* acon.

— *humming.* nux. sulph. verat.

— *splashing.* asaf.

— *whirring.* lact-v. *r.*

Numbness. fluor-ac. hamam. itu. magn-m. mur-ac. sil.

Dead feeling. sil.

Torpor. mur-ac.

Swollen feeling. calc. magn-s. mercurial. nux-m.

Vertigo. alcohol-s. arn. ars. asparag. borax. camph. cervus.

carb-v. convolv. evon. gamb. kali-bich. mercurial.

oleand. phos. prunus. ran-bulb. rhod. rhus-r. thea.

— *as if drunk.* croc.

Weakness of head. kali.

Whirling. bism. croton. evon. merc. mosch. nice. oleand. staph.

Pain. acon. *r.* æscul-hipp. æth. alcohol-s. ant-t. ang-sp. apis.

ars-iod. (asaf.) aselep-tub. asar. *l.* (badiag.) bapt.

bism. borax. brom. bufo. calc-iod. camph. calend.

cann-ind. canth. caps. castor. chin. chin-s. (cimicif.)

cinch-s. *r.* cinnab. cistus. cobalt. coccus. col. convolv.
 croc. croton. crotal. *r.* cupr-ars. dig. diosc. dros.
 elaps. electr. eupat-perf. *l.* (eupat-purp.) fluor-ac. *r. l.*
 gels. glon. *r. l.* gran. guano. gymnocl. hæm. *l.* hipp-
 manc. hura. hydrast. ign. indig. iod. janiph. kali.
 kali-bich. *r. l.* kali-chlor. kali-hydr. kali-nitr. kalmia.
 (lachnanth.) lepid. leptand. lyc. merc-bin. merc-iod.
 mez. morph-ac. *r.* mur-ac. myrica. nabulus. natr.
 natr-m. natr-s. *r.* nux-j. nux-m. *l.* ox-ac. *l.* panacea.
 pedic. petiv. petr. phell. *l.* (phos.) phos-ac. phyt. *r.*
 plumbago. podoph. (polygon.) psor. raph. rhod.
 rhus. rhus-r. *r. l.* rumex. *r.* sabad. sang. (sars.) scrof.
 seneg. solan-tægr. spig. tax-b. thuy. triost. *r.*

— as from intoxication. laur. *r.* lupul. phos-ac. rhus.
 squill. sulph. tarax.

— as from a boil. hep.

— as if coryza were coming on. col. mez. nux-j. sep. sil.

— distracting. asar.

— as if something were pushed between bone and brain.
 caust.

As from an abscess. hep. juncus.

Burning. alum. aranea. caust. *r.* carb-v. convolv. crotal-
 case. cuprum. *l.* grat. *r.* lact-v. magn-s. mang. meny.
 merc. merc-bin. mur-ac. natr-m. nux. phos. psor.
 rhus. spig. *r. l.* spong. stann. stront. sulph-ac.

Raw. alum. ars. *r.* lyc. natr-m. spig. sulph.

Stinging. (ign.) sars. (sep.) til. (val.)

Ulcerative. colch. *l.* nux.

Compressive. æth. cocc. *r. l.* col. lach. lepid. lyc. mosch.
 nitr-ac. oleand. petiv. plat. spig. spong. staph.

Constrictive. anac. berb. bry. chin. *r.* (eupat-purp.) (hæm.)
 (helenias.) hipp-manc. (indig.) iris-v. lepid. (merc.)
 phyt. plat. sulph-ac. val.

— as if tightly bound. indig.

— like a band across. helonias. merc.

Pinching. staph.

Squeezing. acon. calc. eug. mez. sars.

Screwing together. chel. grat. magn-s. plat. sulph.

Cramping. anac. *r.* calc. (natr.) plat.

Blow, as from a. ant-t. arn. *l.* ars. oleand. plat. psor. sabad.
 sulph-ac. *r.*

— from an axe. nux.

Boring. am-m. ant-c. arg. *l.* (bism.) (bov.) calc-ac. *l.* cocc. *r.*
 cochl. (dros.) (dulc.) (hell.) mang. merc. *l.* mez.

mosch. natr-s. *l.* nuphar. *l.* ruta. *r.* sep. sil. solar-lyc. spig. (spong.) (staph.) tepl.

Bruised. bapt. cobalt. coff. glon. *l.* hep. iod. magn-s. phos-ac. plat. puls. (thuy.)

Crushed as if. coff. stann. stront.

Clawing. arg-nit. con.

Digging. anac. arg-nit. *l.* bar-ac. (bism.) chin. *l.* chin-s. coccus. dule. ign. jacarand. *l.* juncus. merc. phell. *l.* plat. *l.* sep. spig. *r.* squill.

— as from a blunt instrument; an alternate contraction and an expansion extending to point of nose. bism.

Drawing. agar. *r.* *l.* (alcohol-s.) ant-c. *l.* (ambr.) anac. arg. *l.* ars. *r.* asaf. *l.* asar. aur-mur. badiag. bell. borax. bry. calc-ac. canth. caps. carb-v. castor. caust. (chel.) chin. cimex. *r.* cina. *l.* clem. *l.* coff. col. croc. cycl. *r.* *l.* graph. guaiac. hell. (juncus.) kali. kali-chlor. lact-v. lepid. magn-c. mang. meny. *r.* *l.* merc-bin. mosch. natr. nitr-ac. nux. petr. plat. *l.* phos. *r.* rat. *r.* rhod. ruta. *r.* sabin. sang. sars. seneg. (sep.) squill. stann. staph. *l.* sulph. tab. *l.* tarax. thuy. tongo. *l.* val. verat-vir. zinc. zingib.

Drawing in two lines from parietals to glabella. pothos.

Dull. æscul-hipp. ath. agar. alcohol-s. anac. ant-t. asaf. asar. asclep-tub. bapt. brom. bry. calc. calc-caust. calc-ac. *l.* calc-iod. (camph.) chel. caulloph. cinnab. coccus. cocc. *l.* col. collinson. cornus-cire. diosc. dule. erigeron. eryngium. euphor. eupat-purp. gent-lut. glon. *r.* graph. hamam. hell. hyos. hydr-ac. hydrast. (ign.) iris-v. jacarand. kali-bich. kali-hydr. lach. lachnanth. lact-v. leptandr. lobel-c. lupul. lyc. m-aust. *l.* merc-bin. merc-iod. *r.* meny. mez. *l.* morph-ac. *r.* mosch. *r.* myrica. natr. natr-m. *l.* nuphar. nux. ol-an. olean. *l.* ox-ac. phos-ac. phyt. plat. *l.* plumb. podoph. psor. puls. raph. rhus-glab. rhus-t. rhus-ven. rumex. sabad. sarrae-purp. selen. seneg. *r.* spig. stann. staph. stilling. tab. tarax. thuy. verat-v. zinc. zinc-ox.

Gnawing. merc-bin. ruta. (zinc.)

— as from worms. zinc.

Hard. caulloph.

Heavy. calc-iod. eupat-purp. iris-v. rhus-ven. sarraeen-purp. stilling.

Numb. (cinnab.)

Peking. carb-an. *l.* nux. op.

Pressing. acon. ascul-hipp. ath. agar. *r. l.* agnus. alcohol-s. aloes. alum. ambr. ammoniac. am-caust. am-m. anac. anagall. ang. ant-t. *l.* apis. aranea. arg-nit. arn. *r.* ars. *r.* arum-tr. asaf. *l.* asar. aster. asparag. aur. *l.* bapt. bar-ac. bar-c. *r.* bell. *r. l.* berb. bism. bor. *l.* brom. *r.* bry. bufo. *r.* cact. calad. calc-ac. *r. l.* calc. calc-caust. cistus. cocc. coccus. cochlear. coff. col. *l.* con. convolv. corall. croc. crotal. *r.* croton. *l.* cycl. *r. l.* dig. dulc. *l.* eug. euphorb. *r.* ferr. fluor-ac. gent-cr. gent-lut. glon. *l.* gran. graph. grat. *r. l.* guaiac. (gymnoclad.) hell. hura. hydr-ac. *r. l.* hyos. ign. *r. l.* iod. *r. l.* iter. (juncus.) kali. kali-bich. kalmia *r.* lach. *r.* lachnanth. lact-v. laur. *l.* led. lupul. lyc. lycopus. m-arct. *l.* magn-c. *l.* magn-m. magn-s. mang. meny. *r.* mercurial. merc. *r.* merc-iod. merc-bin. mosch. *r.* murex. mur-ac. natr. *l.* natr-m. *l.* natr-s. *r.* nitr-ac. nuphar. nux. oleand. ol-an. *r. l.* op. *r.* pæon. paris. petr. phell. *r. l.* phos. *r.* phos-ac. *l.* phytolae. plat. *l.* psor. *l.* prunus. *r.* puls. ran-bulb. raph. rhod. *l.* rhus. rhus-r. *l.* ruta. *r.* sabad. sabin. *r. l.* samb. sang. *r.* sars. *l.* scrof. seneg. *r. l.* sep. serp. *r.* sil. solan-t-ægr. spig. spong. *l.* squill. stann. *r. l.* staph. *r. l.* sticta. stront. sulph. *r.* sulph-ac. tab. tarax. tepl. *l.* teucr. *r.* thuy. til. tongo. *l.* val. *r. l.* verat. verb. *r. l.* viol-tr. xanthox. zingib. zinc. zinc-ox.

Pressing inwards. alum. ant-c. *l.* bapt. bell. laur. nux. ran-scel. plat. *l.* stann.

Pressing downwards. ambr. (am-m.) anac. (ant-t.) asar. bell. bry. cinc. cocc. glon. mur-ac. phos-ac.

Pressing outwards. acon. alum. anac. *r.* asaf. *r.* bar-ac. bar-c. bell. *l.* berb. borax. bry. calc. calc-ac. camph. canth. caps. chel. chin. cina. *r.* col. corall. (cuprum.) dros. gent-lut. graph. hell. *r.* ign. kali. laur. lycopus. magn-m. meny. merc. mur-ac. *l.* natr-m. oleand. op. prunus. *r. l.* psor. ran-bulb. rhod. senecio-aur. sil. solan-lyc. spig. spong. *l.* stann. staph. *l.* sulph. tab. tarax. verb. viol-tr.

Pressing asunder. hell. juncus. kali-nitr. *l.* lyc. ran-bulb. rhus. *r.* staph. *l.*

As if a finger were pressed in. ol-an. *r.*

As if a weight lay there. asar. bell. gran. meny. plat. thuy. viol-tr.

As from a hard substance. natr-s.

As from a plug. jacarand. *r.*

Like a board upon it. carb-an. cocc. dulc. op. plat. sulph.

Rheumatic. (coccus.)

Stupefying. acon. agar. anac. ant-c. arn. ars. *r.* bov. brom. calad. calc. calc-ac. *r.* carb-an. caust. chin. con. euphorb. *r.* hyos. laur. magn-c. *l.* mang. meny. mosch. mur-ac. natr. oleand. paris *l.* phos. phos-ac. ruta. *r.* sabad. sabin. stann. staph. tax-b. tepl. val. verb. *r. l.*

Cutting. agar. calc. camph. caps. diosc. *r.* dros. ferr. (natr-m.) sulph.

Knife-thrusts across forehead. tepl.

As if a knife were thrust out at forehead. tepl.

Lacerated, as if. coff. hep. (thuy.)

Neuralgic. æscul-hipp.

Pricking. (apis.) aur. calc-ac. *l.* chin-s. cinnab. cocc. *r.* dros. hep. hyos. *l.* kali. lyc. mang. *l.* natr-m. nice. *r.* sep. (spong.) thuy. verb. *r.* viol-od.

— *like pins.* caulloph.

Piercing. natr-s. *l.*

Shooting. acon. æscul-hipp. æth. alcohol-s. alum. am-m. *l.* ant-t. arn. arg-nit. *l.* ars.cit. *r.* asaf. asterias. bell. berb. *r.* bov. *r.* (brom.) bry. *l.* calc. calc-ac. *l.* (calc-caust.) camph. canth. caust. (cham.) (chel.) chin. *r.* *l.* chin-s. cinnab. coccin. (col.) con. cuprum. *l.* cycl. dig. (diosc.) electr. euphorb. *l.* ferr. fluor-ac. *l.* (gels.) glon. *r.* (gran.) grat. gymnoclad. (hell.) ign. ipec. iris-v. iter. *r.* jacarand. jatroph. *r. l.* kali. kali-hydr. *r.* kali-nitr. *l.* (kalmia.) lact-v. lobel-c. lyc. *l.* m-arct. *l.* m-aust. *l.* magn-c. magn-m. mang. *l.* (meny.) mere. *l.* mere-bin. mere-corr. mere-iod. (mez.) mosch. mur-ac. natr-m. *r. l.* nice. nux. nuphar. *l.* op. *r.* ol-an. *l.* pedic. petr. phell. *r.* phos. *l.* plumb. podoph. (prunus.) psor. *r. l.* puls. rat. *r.* rhod. rhus-v. ruta. *r.* sabad. sang. *r.* sars. selen. senecio-aur. sep. serp. sil. solan-t-ægr. spig. spong. squill. *r.* stann. *l.* (staph.) stilling. stront. sulph. sulph-ac. tab. tarax. *l.* tax-b. tepl. tereb. til. val. verat. verb. *l.* zingib. zinc.

— *like needles.* mang. *l.*

— *fine stitches.* zingib.

— *sticking.* mere-bin.

— *as if a nail were driven in.* acon.

— — *something pointed* —. jacarand. *r.*

— — *an instrument* —. calc. caust. mosch. rhus.

Tearing. agar. agnus. alcohol-s. alum. ambr. am-m. anac.

ant-t. arg-nit. arum-tr. *r.* asar. aur. *l.* bell. berb.
 bov. *r.* bry. cale-caust. camph. *l.* canth. carb-v. cas-
 tor *r.* caust. *l.* cham. coecin. coec. coff. colch. *l.* con.
 (croton.) (cuprum.) dros. (electr.) euphorb. *l.* gran.
 graph. grat. *l.* guaiac. hyos. ign. indig. ipec. kali.
 kali-hydr. *r.* kalmia. *l.* (lach.) lachnanth. (laur.) lyc.
 m-aust. *r.* magn-c. magn-m. *l.* magn-s. mercurial.
 merc. *l.* merc-bin. mez. mur-ac. natr. (natr-m.) nux.
 ol-an. *r.* *l.* op. phell. *r.* phos. phos-ac. plumb. rat.
 rhod. (samb.) sars. seneg. *l.* (sep.) sil. spig. *r.* stann.
r. staph. *l.* sulph. sulph-ac. *r.* tarax. *l.* tereb. thuy.
r. zinc. *r.* *l.*

Bursting. am-c. am-caust. ant-c. bell. castor. crotal-casc.
 ferr. graph. kali. lyc. natr. natr-s. nicc. oleand.
 petr. rat. sang. staph. zinc.

As if all would come out there. acon. arn. bar-c. bell. bry.
 canth. carb-v. caust. cochl. cuprum. hydrast. kreas.
 magn-m. magn-s. mang. nux. phos. plat. psor. puls.
 rhod. sep. spig. spong. stann. staph. stront. tepl.
 thuy. verb. zingib.

Expansive. bism. bry. *l.* eryngium. tarax.

Forcing. (phos.)

— *outwards.* arg-nit. *r.* castor. *r.* laur. magn-s. mercurial.
 mez. natr-m. nux-m.

Split in two, as if. puls.

Tearing asunder. caps.

Tensive. acon. agnus. ang. ant-t. asaf. bell. *r.* *l.* berb. calc.
 chenop. col. colch. dig. dros. euphorb. gent-lut. grat.
 hell. hydr-ac. kali-chlor. (m-arct.) mercurial. mur-ac.
 nux. paris. plat. puls. rhod. sabad. sep. sil. spig.
 sulph. zinc-ox.

— *as if in a vice.* puls.

As if brain were rolled up into a ball. arn. ant-t. *r.* *l.*

Banging. ang.

Blows. laur. m-aust. *r.* natr-m. oleand. rhus-r. sabad.

Hammering. cic. magn-s. nicc. *r.* oleand.

Jerking. acon. alcohol-s. arn. borax. bry. caust. *r.* cham.
 chin. lyc. magn-m. magn-s. (prunus.) sabad. sep. sil.
 spong. stann. *l.* squill. thuy. val.

Pulsative. acon. *l.* ant-t. *r.* arg-nit. *l.* asar. canth. carb-v.
 glon. kalmia. kreas. magn-c. merc. oleand. paris. *l.*
 petr. sil. spig. spong. thuy.

— *as if a pulse were beating.* kalmia.

Shock. croc. oleand. sulph-ac.

Throbbing. acon. r. æth. l. alum. am-c. amphib. r. anagall.
 ant-t. r. arg-nit. ars. ars-cit. r. asar. bar-c. berb.
 borax. (brom.) bry. calc. camph. canth. caps. castor.
 caust. cinnab. cinch-s. r. clem. coec. col. con. dule.
 (gamb.) gent-lut. glon. l. graph. grat. hura. iod.
 kali.*kali-bich. kali-chlor. kali-nitr. laur. lepid. l.
 lobel-c. (magn-c.) magn-m. magn-s. merc. mez. natr-
 m. l. nux. oleand. paris. l. phos. puls. rhod. l. ruta.
 sabad. r. sars. r. seneg. sil. l. (therid.) zinc. r.

— *like a pulse.* magn-c.

Undulating. arg-nit. asaf. l. coec. l. col. l. sep. viol-tr.

Paralytic. sep.

As from bubbles of water. sedin.

Electric shock. sang.

Like a worm crawling (drawing). sulph.

MIDDLE OF FOREHEAD.

Coldness (internally). bell.

Confusion. staph.

Stupid feeling. staph.

Creeping. m-aust.

Pain. cinch-s. colch. crotal. psor.

Grasping. natr-s.

Boring. calc-ac. plat.

Breaking. natr-s.

Digging. mez.

Drawing. con. (croc.) laur. sulph-ac.

— *in a narrow stripe downwards.* croc.

— *like a thread drawn through brain.* sabad.

Dull. anac. elater. phos-ac.

Pressing. anac. camph. chin. col. (croc.) dig. evon. gent-lut.
 laur. mez. sil. stann. teucr. (zinc.)

— *in a narrow stripe downwards.* croc.

— *as if a weight lay there.* carb-an. dig. staph.

— *as if all would come out there.* rat.

Shooting. bov. calc. (kali.) laur. m-aust. magn-m. (phos-ac.)
 rat. (sars.) val.

— *fine stitches.* sars.

As if a nail were driven in. lyc.

Tearing. bov. castor. caust. (chel.) laur. stront.

Jerking. sil. val.

Throbbing. lyc.

Like a leaden bullet which will not come loose. staph.

UPPER FOREHEAD.

Muddled feeling. spig.
Emptiness. spig.
Fulness. glon.
Heaviness. bell. fluor-ac. janiph. sep.
Pain. glon.
Burning. chin.
Compressive. cina.
Constrictive. hyos.
Contractive. con.
Boring. petiveria. sang.
Dull. diosc. mang. puls-nutt.
Hard. (puls-nutt.)
Pressive. berb. bry. con. jacarand. led. mang. mosch.
 samb. sep.
As if a stone lay there. con.
Stupefying. hyos.
Shooting. chin. kali. petiv.
Tearing. samb. sep. r.
Bursting. (apis.)
As if all would come out. brom.
Throbbing. glon.

ABOVE EYES.

Confusion. agnus. kali-bich. laur. lyc. phos-ac.
Dulness. apis.
Creeping. berb. l.
Fulness. cimicif. gymnoclad. ox-ac. podoph.
Heat. cinch-s. rhus-r. l.
Heaviness. bell. cact. r. calc-iod. cinnab. cistus. crota-casc.
 elaps. fluor-ac. glon. hura. kali. natr-m. paull. l.
 tax-b. r.
Vibrating jerk. magn-c. l.
Whirling. bov. l.
Pain. acon. l. æscul-hipp. ang-sp. l. ars. l. bapt. r. l. bell.
 brom. l. bry. calc-iod. chin. cinnab. l. cimicif. r.
 colch. cornus-circ. r. croc. crota. diosc. dros. fluor-
 ac. r. glon. r. (gymnoclad.) hydrast. l. kali. kali-
 bich. kali-nitr. kalmia. kiss. l. lach. r. lepid. lith-e.
 lyc. merc-bin. meph. nabulus. nux-j. l. ox-ac. l. paull.
 phos. l. phos-ac. plat. l. phyt. plumbago. plant. l.
 raph. ran-bulb. r. rhus-r. r. rumex. r. sang. r. serof.

scutell. r. sulph. tax-b. (tell.) (therid.) xanthox.
zingib. r. zizia.

— linear. tell.

— as from coryza. sulph.

Burning. asaf. l. magn-m. l. meny. l. rhus-r. l. sabad.

Sore. zingib. l.

Stinging. rhus-r. l. selen. l. zingib. l.

Compressive. alum. bry. cann.

Constrictive. aster. ipec. l.

Contractive. alum. bov. l. puls.

Pinching. hæmattox. r. l.

Squeezing. asaf. bry. r. lact-v.

Bruised. gels.

Boring. aster. l. (bov.) cimicif. l. (dulc.) elaps. r. ipec. (kali.)
laur. magn-s. l.

Digging. anac. r. berb. l. natr-m. l.

Drawing. ant-t. l. asaf. bar-c. l. bell. r. borax. bry. r. l.
calc-ac. r. l. caulloph. l. mang. r. nitr-ac. r. pothos.
puls. sil. stann. l. (staph.) sulph. r. verat-vir. l.
zingib. l.

Dull. ant-t. apis. arn. l. asaf. l. borax. bov. l. brom. l. caust.
cina. eryngium. l. euphorb. l. glon. r. hydrast. jac-
arand. r. kali-bich. lob-infl. phos-ac. raph. spig.
spong. urt-ur. zingib. l.

Pecking. ign. r.

Pressing. acon. r. agar. aloes. alum. ambr. l. ammoniac.
amygd. ang. ant-t. ant-e. l. arg. arg-nitr. r. arn. l.
asaf. l. asterias. bar-ac. r. borax. bov. r. l. brom.
bry. r. l. calc-ac. l. camph. l. caust. r. carb-v. chin.
chin-s. cistus. coecus. croton. crotal. r. dig. dule. r.
euphorb. l. glon. r. gymnoclad. hæmattox. r. l. hydr-
ac. r. ign. l. iod. kali. kiss. r. l. (kreas.) lach. r. lyc.
m-arct. magn-e. mercurial. mere-bin. l. mez. morph-
ac. mosch. l. natr-m. l. nux-j. nux-m. l. nux. r. l.
oniscus. op. r. phos. r. phos-ac. phyt. plat. r. puls.
raph. rheum. sabad. l. sep. l. sil. r. solan-t-ægr. spig.
r. (spong.) stann. l. stront. r. sulph. l. tab. r. tereb. l.
teuer. (therid. l.) til. val. verb. l. viol-tr. xanthox.
zingib. l. zinc. r.

Pressing inwards. bell. kali. l.

Pressing downwards. bell. mur-ac. rhus-t. r.

As if a weight lay there. magn-s. rhus-t. r. sil.

Pressing outwards. bell. bry. l. calc-ac. l. chel. r. con. ipec.
kali. l. natr-m. nux-m. l. phos.

Pressing asunder. lyc.

As if a heavy body were forced in. anac. r.

As if finger were pressed in. stront. r.

As if a nail were pressed in. puls-nutt. l.

As if a pointed body were driven in. hell. l. magn-s. l. mosch. sulph-ac. l.

As if a wedge were driven in. acon.

Stupefying. chel. r. cinnab. r. croton. evon. r. mosch. l. plat. r. stann.

Cutting. (bism.) carduus. senecio-aur.

Pricking, as from needles. am-c.

Shooting. (acon.) agar. aloes. am-c. l. anac. r. ang. ant-c. l. (apis.) arum-tr. l. bell. r. berb. l. borax. bov. l. bry. r. caps. carb-v. r. caust. l. cic. r. (cinnab.) cina. coce. r. croton. r. eryngium. l. gins. r. hipp-manc. l. hyos. r. ign. ipec. kali-bich. l. kali-hyd. l. lach. lepid. l. lyc. r. mang. r. mang-s. l. mercurial. mur-ac. natr-m. r. l. nitr-ac. ol-an. op. r. petr. phos-ac. r. pimp. (rhus.) rhus-r. sarracen-purp. sep. l. sil. (sulph.) tab. r. val. zingib. l. zinc. l.

Tearing. æth. am-m. r. anac. r. bell. r. berb. l. bism. r. bov. calc-caust. lach. lyc. r. iod. l. mang. r. mur-ac. r. phos. r. sep. thuy. tongo. r. verb. l. zinc. l.

Bursting. kali-bich.

Forcing out. mercurial.

As if all would come out. ang. sabad.

Splitting. ant-c. r. bar-ac. sulph. r.

Tensive. ant-t. l. apis. bry. l. dulc. r. mercurial. puls. sil. staph.

Beating. am-m. r. glon.

Hammering. am-m. r. paull. l.

Jerking. ant-t. l. berb. l. (brom.) magn-c. l. mur-ac. r. sulph. r.

Pulsative. lach. r. (nux-m.) spig. l.

Throbbing. caust. gymnoclad. l. kali-bich. lach. l. lyc. natr. nux-m. l. petr. (therid. l.) verat. l.

Undulating. plat. r.

Like the stroke of a rusty saw. panacea.

As if a bud were slowly expanding there (drawing, tensive). bry. l.

As if some one tapped with finger on forehead. natr-m.

ABOVE ROOT OF NOSE.

Heaviness. bov.

Numbness. con.

- Whirling.* merc. tarax.
Puin. (ang-sp.) calc. kali-bich. lach. lyc. merc-iod. phos.
 viol-tr. xanthox.
 — as if coryza were coming on. col.
Raw. ars.
Stinging. kali-bich. (rhus.)
Compressive. mosch.
Constrictive. camph.
Contractive. (bov.) m-aust. tarax.
Pinching. rhus-r.
Squeezing. acon. ign.
As from a hoop. therid.
Cramping. acon. m-aust.
Boring. (hep.)
Bruised. ars. carb-an.
Drawing. borax. carb-v. caust. cina. ign. kali. (kiss.) lepid.
 meny. (natr-m.) nux. phyt. (pothos.) zingib.
Dull. ant-t. bar-ac. calc-iod. dule. ferr. gymnoclad. peti-
 veria. tab.
Pressing. ambr. ant-t. asar. bar-ac. bell. bism. borax. bov.
 brom. caps. caust. chel. cistus. coccus. col. hamam.
 hell. hydrast. ign. iod. kali. lact-v. meny. mercurial.
 (mosch.) oniscus. r. l. op. phyt. raph. ruta. sil. sticta.
 tab. therid. xanthox.
Like a pressing band. therid.
As if a weight lay there. staph.
Outpressing. verb.
Stupefying. (ant-t.) bar-ac. mosch. phos.
As if a wedge were driven in. kali-hydr.
Shooting. indig. kali-bich.
Tearing. agar. bov. chel. thuy.
Forcing. phos.
Splitting. mez.
Tensive. (ant-t.) æth. caust. hep. m-aret.
 — as if bound with a ligature diagonally. ant-t.
Jerking. (brom.) (phos.)
Throbbing. ars. bov. camph. glon. (phos.)

FRONTAL SINUSES.

- As if cold air entered.* zinc.
Pain. hydrast. lach. l. ran-bulb. r.
Raw. lach. l.
Drawing. (kreas.) lach. psor.

Pressing. agar. corall. magn-m. pedic.
Pricking. verb. *l.*
Shooting. calc-caust. kali-hydr. *l.*
Tearing. æth. *l.* kali-hydr. *l.*
Forcing (in an arch corresponding to superior and lateral boundaries of sinuses). col. *l.*
Tensive. natr. *r.*
Jerking. æth. *l.* kali-hydr. *l.*
Throbbing. calc-caust. hydrast.

FRONTAL EMINENCES.

Creeping. chel.
Heat. lact-v. magn-m. *r.*
Motion as if brain were loose. sulph-ac.
 — as if brain struck against skull. sulph-ac.
Pain. coccus. *l.* croc. *l.* fluor-ac. *r.* kiss. lach. *l.* mez. *r.* myrist.
 phytolac. rhus-*r.* *l.* zinc. *l.*
Raw. sabin. *r.* sulph-ac. *l.*
Stinging. sars. *r.* *l.*
Compressive. anac. *l.* fluor-ac. *r.*
Screwing together. bov.
Squeezing. croc. *l.*
As from a blow. plat. *r.* sulph-ac. *l.*
Boring. am-c. *r.* ant-t. *r.* bell. *r.* (bism.) ol-an. *l.* sabin. *r.*
 zinc. *r.*
Digging. agar. *l.* arg-nit. *l.* ign. *r.* ol-an. *l.*
Drawing. arg. *r.* *l.* arg-nit. *l.* bry. *r.* *l.* (cina.) croc. *l.* dule. *l.*
 guaiaac. *l.* ign. *r.* rheum. tongo. *r.* verb. *l.* viol-od. *l.*
Dull. ant-t. *r.* asaf. *l.* bar-c. *l.* calc-caust. *l.* dule. *l.* kali-
 bich. *r.* spong. *r.* sulph-ac. *l.* zinc. *r.*
Gnawing. bov. *r.*
Numb. val.
Pecking. arist. *r.* verb. *l.*
Pressing. acon. *r.* agnus. *l.* ambr. *l.* anac. *l.* ant-t. *l.* arg. *l.*
 asaf. *l.* bar-ac. bell. *r.* calc-ac. *r.* cann. *l.* caust. *r.* cu-
 prum. dule. *l.* gran. *l.* guaiaac. *r.* hell. *r.* ign. *l.* magn-
 s. *l.* mez. *r.* natr-nitr. *l.* nitr-ac. nux-m. *l.* oleand. *r.*
 (op.) paris. *r.* phos-ac. *l.* plat. *r.* ran-bulb. raph. sabin.
 r. *l.* sars. *r.* *l.* spig. *l.* squill. *l.* teucr. *r.* *l.* thuy. *r.* *l.*
 verb. *r.* *l.* zinc. *r.* *l.*
Pressing inwards. sabin. *l.* spig. *l.*
As if a weight lay there. spig. *l.*
Pressing outwards. anac. *r.* bell. *l.* cimex. *l.* dule. *l.* myrist. *r.*

oleand. *l.* phos-ac. *r.* prunus. *r.* spig. *r.* spong. *r.* stann.
staph. *l.*

As if all would come out there. am-c. *r.*

Pressing asunder. sabin. *r.*

Knife thrusts. sabin. *r.*

As if an arrow were pressed in. croc. *l.*

Pricking. asaf. *l.*

Shooting. alum. *l.* am-c. *r.* ang-sp. *r.* arg-nit. *l.* arn. *l.* asaf. *l.*
bar-c. *l.* (bar-ac.) bell. *r.* berb. *r.* (bov.) calc-caust. *l.*
castor. *r.* chel. *l.* cocc. *l.* evon. *l.* gran. *l.* grat. (gins.)
guaiaac. *r. l.* kali-hydr. *l.* lact-v. *l.* laur. *r. l.* led. *r.*
(magn-m.) meny. *l.* mez. *l.* mur-ac. (natr.) nitr-ac. *l.*
nuphar. *l.* ol-an. *l.* plumb. *l.* sabin. *r. l.* spig. *r.* (squill.)
staph. *l.* (stront.) sulph-ac. *l.* verb. *l.* zinc. *r.*

Fine stitches. sars. *r.*

Tearing. agnus. *l.* alum. *l.* ambr. *r.* arg. *l.* bell. *l.* (bov.)
chel. *l.* chin. *r.* cina. *r. l.* kali. *l.* lyc. *l.* mang. *l.* mez. *l.*
mill. *l.* (natr.) sabin. *r.* sep. *l.* spig. *r. l.* zinc. *r. l.*

Bursting. bell.

Splitting. bar-ac.

Tensile. bry. *r. l.* spig. *l.* val.

Blows. croc. *l.* squill. *l.*

Banging. am-c. *r.*

Hammering. verb. *l.*

Jerking. chin. croc. *l.* spig. *r.* sulph-ac. *l.* thuy. *r. l.*

Throbbing. æscul-hipp. *r.* asaf. *r.* bar-c. (cann.) cocc. *l.* nitr-
ac. *l.* ran-bulb. *r.*

Undulating. ant-t. *r.*

Paralytic. cina. *r. l.*

BEHIND ORBITS.

Heaviness. therid.

Pain. nabulus. *r.* kali-nitr. *r. l.* therid.

Squeezing. acon.

Bruised. gels.

Dull. therid.

Pressing. caulloph. kali-nitr. *r. l.* rhus. therid.

Pressing outwards. rhus. *l.*

Shooting. dig. kali-nitr. *r.*

Tearing. bism. *r.* (kali-nitr.)

As if torn. rhus.

Tensive. acon.

TEMPLES.

- Confusion.* asar. *l.* bar-ac. col. *r.* *l.* kali-bich. *r.*
Dull feeling. op.
Coldness. berb. ol-an. *l.* plat. *r.*
Cold creeping. rhod.
Congestion. zingib.
Rush of blood. sil. *r.* zingib.
Swelling of arteries. caulloph. thuy.
Throbbing of arteries. aur-m. crotal. cupr-ac. glon. hell. mur-ac. *r.*
Creeping. sulph.
Fulness. cinnab. glon. hydrast. jacarand. *r.* *l.* plant.
Heat. hura. lyc. mercurial. *l.* natr-m. *l.* zingib.
Heaviness. agar. bell. bism. bov. cact. *r.* carb-an. *l.* cinnab. glon. kali-hydr. *r.* nitr-ac. nuphar. phyt. rhus. sars. *l.* sep. tax-b. *r.* *l.* zingib.
Motion, as if brain fell forwards. coff.
Vibration. stront.
Gurgling vibration. kali. *r.*
Bubbling. bry.
Sensitiveness. col.
Noises, bubbling. bry.
— *chirping.* ang-sp. *l.*
— *crepitation like gold tinsel.* acon.
— *gurgling.* kali. *r.*
— *humming.* ambr.
Numbness. zingib.
Swelling (feeling of). berb. *r.*
— *of brain.* coccin.
Twitching. chin.
Whirling. sulph.
Pain. acon. ang-sp. *r.* apis. *l.* asar. badiag. bapt. (bar-c.) benz-ac. blatt. bov. *l.* brom. *l.* bry. calc-iod. *r.* *l.* cann-ind. (cimicif.) cinnab. *l.* chin. cobalt. *l.* coccus. collinson. *r.* convolv-d. *l.* cornus-circ. (cupr-ars.) elat. euphr. glon. *r.* guano. (gymnoclad.) hamam. helonias. hura. hydrast. indig. *r.* jacarand. *r.* *l.* kali-bich. kali-chlor. *l.* kali-nitr. *l.* kalmia. *l.* lach. lepid. lith-c. lyc. mercurial. *l.* merc-bin. merc-iod. *r.* mez. mosch. murex. nux-m. *l.* nux. ol-an. *l.* ox-ac. *l.* panacea. paull. *r.* *l.* phyt. *r.* plumbago. prunus. *r.* rhod. rhus-*r.* *r.* *l.* rumex. *l.* (sabin.) (sars.) seneg. serp. triost. *r.* trombid. zizia.

Pain, as from coryza. chin. m-aust. mez.

— *as from a foreign body.* elaps. r.

— *as after intoxication.* laur. r.

Burning. alum. r. am-m. l. bar-c. r. caust. r. cinnab. coccus.
croton. l. cuprum. l. mang. r. mere. l. natr-nitr. l.
phell. phos. pimp. plat. l. rhus. r. rhus-r. sabad. spig.
l. staph. l. sulph-ac. verb. l. zingib.

Raw. alum. r. lamium. m-aret. tab.

Smarting. anac. gymnoclad. l.

Stinging. hydrast. iris-v. kali-bich. sars. therid. l.

Compressive. anac. ant-t. asar. l. bov. (bry.) chin. col. con.
fluor-ac. kali-bich. lach. l. meny. natr-m. ran-scel.
rhus. sars. stann. tab. therid.

— *as if crushed together.* caulloph.

Constrictive. elaps. ipec. l. phos-ac. puls.

Contractive. acon. agnus. asar. carb-an. dig. hell. mang.
plat. r. l. squill. sulph. tab.

Pinching. carb-an. mere. r. mez. petr. l. phos-ac. sulph.
verb.

Severed in. acon. cocc. col. lyc. panacea. plat.

Screwed together by a bolt passing through. hamam.

Squeezing. ant-t. arg. r. calc-ac. r. l. (calc.) carb-an. crotal. r.
indig. l. kali. l. mez. natr-m. oleand. r. phos-ac. r. l.
(prunus.) rhus. r. l. zinc. r. l.

Springing outwards. berb. r.

Cramp-like. cina. (natr-m.) petr. l. plat. r. l. zinc.

Bruised. agnus. cobalt. (coccus.) hæm. l. (lachnanth.) m-aret. phos-ac. plant. sulph-ac.

Boring. alum. r. l. (ant-e.) ang. apis. calad. l. calc-ac. l.
camph. r. carb-v. l. clem. l. dule. l. grat. hep. l. ipec.
m-aret. r. mang. (pæon.) phos-ac. l. plant. psor. l.
rhod. l. stann. r. tepl. triost. r. l.

Clawing. magn-m.

Digging. bar-ac. bov. l. calc-ac. l. col. mang.

Drawing. acon. l. æth. l. agar. alcohol-s. l. alum. l. ang.
ant-cr. l. ant-t. r. arg. l. asar. (bell.) bry. calc-ac.
calc-c. l. case. caust. cina. coccus. con. r. crotal. r.
cuprum. l. cycl. l. dule. l. gamb. glon. l. hep. kali. l.
kreas. l. lact-v. lamium. l. m-aret. r. mere. r. mosch.
r. nitr-ac. r. nux. oleand. l. ol-an. l. petr. r. l. phos. l.
phos-ac. l. phyt. r. plat. l. rhod. r. l. ran-bulb. rhus.
sabad. sabin. r. l. (seneg.) spig. l. squill. r. stann.
strout. r. sulph. (tab.) tarax. l. thuy. l. til. l. zingib. l.

— *as if a worm crept there.* sulph.

Dragging downwards. bell.

Dull. æscul-hipp. *l.* agar. *r.* alcohol-s. ant-t. apis. *r. l.* asaf. *r.* bapt. bry. calc-ac. calc. camph. carb-v. case. chel. chin. cinnicif. *l.* cobalt. coccin. col. cupr-ars. cycl. *r.* diosc. eupat-purp. *l.* fluor-ac. *r.* glon. hydr-ac. jaca-rand. *r. l.* kali-bich. lact-v. *l.* lachnanth. led. leptandr. mercurial. *r.* merc-iod. *r. l.* myrica. natr. natr-m. nitr-ac. *r.* petiv. *l.* phos-ac. *l.* plumb. *r.* puls-nutt. *r.* rheum. rhus-r. spig. stront. *r.* val. *r.* zingib. *l.* zinc. *r.*

Gnawing. ran-scel. *r.*

Heavy. iris-v.

Pressing. acon. æscul-hipp. *r.* agar. *r. l.* agnus. *r.* alcohol-s. *r.* am-caust. anac. *r. l.* ang. ant-t. *r.* apis. aranea. arg. *r. l.* arn. ars. *r. l.* amm-m. *l.* asaf. *r.* asar. *l.* asparag. *l.* aster. aur. bapt. *r.* bar-ac. *l.* bell. *r.* berb. *r.* bism. *r.* blatta. borax. *r.* bov. *r.* brom. *l.* bry. *l.* calad. *r.* calc-ac. *r. l.* camph. cann. caps. carb-an. carb-v. carduus. caust. *r.* chel. *r.* chenop. chin. *l.* cina. *l.* cinnab. *r.* cobalt. coccus. *r. l.* coff. col. *l.* con. corall. crotal. *l.* crotal-case. croton. cubeb. cuprum. *l.* cycl. *l.* dig. *l.* dros. *r.* dule. *l.* evon. *r.* ferr. fluor-ac. *l.* gels. gent-cr. gins. glon. gran. graph. *l.* guiae. *r. l.* hell. *r.* hep. hippomanes. hura. *l.* hydr-ac. ign. *r.* indig. *l.* iod. jatroph. kali-bich. kali. *r. l.* kali-nitr. *r.* kalmia. lach. *l.* lachnanth. *r.* lamium. *r.* laur. *l.* lith-c. *l.* lyc. *r. l.* m-aret. *r.* m-aust. mang. *l.* meny. *l.* mercurial. *r. l.* merc. *l.* merc-iod. mez. *l.* mimosa. *r.* mosch. *r.* murex. *r.* mur-ac. *l.* natr-m. nitr-ac. *r.* nux-m. *l.* nuphar. ol-an. *r. l.* ox-ac. *r.* paris. *r. l.* petiv. petr. *r. l.* phell. *r.* phos-ac. *r. l.* phos. phyt. (pimp.) plat. *l.* podoph. pothos. psor. *l.* ran-bulb. ran-scel. *r.* rheum. *r.* rhod. *l.* rhus. *r.* sabad. *r. l.* sabin. *r.* sars. *r. l.* sedin. (seneg.) sil. *l.* spig. *r. l.* stann. *r. l.* staph. *r.* sulph. *l.* tab. tarax. *r.* tax-b. *l.* teucr. *r. l.* thuy. *r. l.* til. verat. verb. *r.* vinca. viol-tr. *l.* zinc. *r. l.* zingib. *l.*

Pressing inwards. acon. *l.* alum. *r.* anac. *l.* ant-t. *l.* asaf. *l.* bell. *l.* cocc. *l.* kali. *l.* lith-c. mez. *l.* natr. natr-nitr. *l.* ol-an. *r.* piper. plat. *l.* ran-scel. rhod. *l.* sabin. *r.* spig. *r.* stann. sulph-ac. tepl. *l.* thuy. val. *r.* zinc. *r.*

Pressing inwards and outwards at once. calc-ac. *l.*

Pressing upwards. coccus. mercurial. *r.* oleand. *l.* rhus. *r.*

Pressing downwards. rhus. oleand. *l.* sabad. *l.*

Pressing forwards. stront.

Pressing outwards. acon. (alcohol-s.) aloes. asaf. *l.* atham. bar-ac. *l.* bell. berb. bism. bry. *l.* calc-ac. *l.* carb-v. *l.* caust. dros. *r.* fluor-ac. *l.* glon. bell. hydrast. ign. ipec. kali. *r.* kreas. *l.* lach. lact-v. *l.* lobel-infl. mez. *l.* mur-ac. natr. *r.* natr-m. nux-m. petiv. phos-ac. *r.* prunus. *r.* ran-scel. rhod. *r.* rhus. sabad. *r.* sabin. *r. l.* senecio-aur. spong. *r.* stann. stront. teucr. viol-tr.

Pressing asunder. chin-s. m-aret.

Pressing as with a finger. nitr-ac. petiv. *r.* staph. *l.*

— *as with a blunt instrument.* ant-t. cocc. *r.* dule. *r. l.* jacarand. *r.*

— *as with a nail.* (ign.)

Screwing. sabad.

Stupefying. acon. *l.* alum. *r.* calad. *r.* cina. *r.* podoph. stann. verb. *r.*

Twisting. sabad.

Cutting. (arg.) (bell.) camph. (chin.) coccus. col. diosc. *r.* (glon.) hydrast. iris-v. puls-nutt.

Knife-thrusts. bell. calc-ac. *l.* camph. glon. lach. (merc-iod.) petiv. verb.

Neuralgic. leptand. *r.* verat-vir. *r.*

Pinching. (apis.) cocc. *l.* euphr. *r.* lamium. *l.* nice. plat. *l.* rhus-r. *l.* staph. *l.* tarax. *l.* thuy. zinc. *l.*

Penetrating. anac. calc-iod. *r.* rhus-r. *r.* sars. *r.*

Shooting. acon. æscul-hipp. *l.* æth. *l.* agar. *r.* agnus. alcohol-s. *l.* aloes. *l.* alum. *r.* ambr. *l.* am-c. *l.* am-m. *l.* anac. *r. l.* (anagall.) ant-t. ang-sp. *r.* (arg.) arn. *l.* ars. *l.* arum-tr. *r. l.* asaf. *l.* aster. *r.* bar-c. *r.* bell. *r.* berb. *r. l.* blatta. borax. *r.* bov. *l.* (brom.) (bry.) bufo. *l.* cadm-s. cainca. *r.* calad. *r. l.* calc. *l.* calc-caust. camph. *r.* cancer. canth. carb-an. carb-v. carduus. caust. *l.* chel. *l.* chenop. chin. *r. l.* (cimicif.) cina. *r.* cinnab. *l.* cocc. coccus. *l.* comoelad. *l.* crotal. *l.* crotal-case. *l.* croton. *r.* cuprum. *l.* cupr-ars. cycl. *r. l.* daphn. dig. *r. l.* electr. *r.* evon. *r.* eupat-perf. gels. gent-cr. *l.* glon. *r.* graph. *l.* grat. guiac. hell. *l.* hipp-manc. *l.* hura. hydrast. hyper. *r. l.* ign. *r.* indig. *r. l.* iris-v. *r.* kali-bich. *r. l.* kali. *r.* kali-hydr. *l.* kali-nitr. *l.* kreas. lach. *l.* laur. *l.* lepid. *l.* lob-infl. lyc. *r.* magn-c. *l.* magn-m. magn-s. mang. meny. *l.* mercurial. *r. l.* merc-iod. mur-ac. *l.* (natr-m.) nitr-ac. *r. l.* nux-m. *r. l.* nux. ol-an. *l.* paris. *l.* pedic. *l.* petiv. *r. l.* phell. *l.* phos. *r.* (phos-ac.) phyt. *r.* pimp. plat. *r. l.* plumb. *r. l.* psor. *l.* puls. ran-scel. *l.* rheum. rhod. *l.* rhus-r.

sabad. *r.* sang. *l.* sars. *r.* senecio-aur. *l.* sep. *l.* serp. *l.*
 sil. spig. *l.* squill. *l.* stann. sticta. stront. *r.* *l.* tab. *l.*
 tarax. *l.* tepl. thuy. verb. *l.* (vinca.) zinc. *r.* zinc-ox. *r.*

— *spreading in all directions.* stront. *r.*

— *spreading out in a circle each time.* caust. *l.*

As if a nail were driven in. anac. arn.

As if a coarse-pointed instrument were thrust in. alum. *r.*
 am-c. *l.* asaf. *l.* sulph-ac. *r.*

Tearing. acon. *l.* æth. *r.* agar. *r.* agnus. *r.* *l.* (alcohol-s.)
 alum. *r.* *l.* am-c. (am-m.) (ambr.) anac. *r.* *l.* ang. arg.
l. (arg-nit.) arn. *l.* ars. *l.* arum-tr. *r.* asar. *l.* aur. bell. *r.*
 berb. *r.* bism. *r.* bov. *r.* *l.* calc-ac. calc. calc-caust.
 camph. *r.* canth. carb-v. *r.* castor. *r.* caust. *r.* *l.*
 cham. chin. *r.* *l.* cina. *r.* *l.* cobalt. *r.* colch. *r.* con.
 croton. *r.* cuprum. dig. *r.* dulc. *l.* gamb. *l.* (gran.)
 grat. hyp. *r.* indig. *r.* *l.* iod. *r.* *l.* kali. *r.* *l.* kali-bich.
 kali-hydr. *l.* kali-nitr. *r.* *l.* (kalmi.) kreas. *r.* *l.* (lach-
 nanth.) lact-v. (laur.) lyc. *r.* m-aust. *l.* magn-c. *r.* *l.*
 magn-m. *l.* magn-s. *l.* mang. *l.* (merc.) mercurial. *r.* *l.*
 natr. *r.* natr-s. *r.* nicc. *r.* ol-an. *l.* phos. (phos-ac.)
 phyt. *l.* plumb. *r.* *l.* puls. rat. *r.* *l.* ran-bulb. *r.* rhod. *l.*
 rhus. *r.* (seneg.) (sep.) spig. *r.* spong. *l.* (sulph.)
 sulph-ac. *r.* *l.* tepl. teuer. til. *r.* zinc. *r.* *l.* zinc-ox. *r.*

— *radiating to r. half of head.* lyc. *r.*

— *asunder.* puls.

As if something were torn out. æth. *l.* kreas. *l.*

Bursting. (bell.) chin. phos.

Forcing out. ign. mercurial. *r.* natr-m. prunus.

Stretching. cina. *r.*

Tensive. alum. *r.* ambr. ant-t. berb. *l.* bov. cann. caust. *r.*
 col. *r.* dig. *l.* hell. hyp. lith-c. mercurial. mur-ac. *r.*
 natr-m. *l.* ol-an. plat. rheum. verat.

Banging. bov. *l.* magn-m.

Beating. glon. natr-s.

Blows. æth. *l.* bar-ac. *l.* (chel.) croc. *r.* lach. m-aust. oleand.
l. phos-ac. *r.* spig. *r.* sulph-ac. *r.* thuy.

— *synchronous with pulse.* chel. *r.*

Hammering. alcohol-s. ars. chin. eleis. paull. *l.* psor.

Jerking. acon. *l.* (am-m.) anac. *l.* arn. *l.* bar-ac. *l.* bov. *l.*
 calc. *r.* calc-ac. (castor.) chin. *r.* cycl. *r.* *l.* dig. kali. *l.*
 lact-v. (lyc.) merc. *r.* nux-m. *l.* ox-ac. *r.* *l.* phos. *l.*
 plumb. *r.* puls. spig. (spong.) (squill.) stann. *l.* sulph-
 ac. *r.* val. *r.* zinc. *l.*

— *radiating into l. half of head.* lyc. *r.*

Pulsative. alum. r. ang. r. cadm-s. cact. chel. chin. cornus-circ. daphn. ferr. glon. l. hell. l. (lach.) natr-m. l. rheum. r. l. spig. l. stann. thuy.

— *as if skull would burst.* cact.

Shocks. croc. sulph-ac.

Throbbing. acon. æth. l. alum. r. am-c. apis. arn. borax. r. (bov.) (brom.) bry. calc. camph. cann. r. canth. caps. carb-v. castor. r. caust. r. chin. cinnab. r. coccus. col. l. cornus-circ. cupr-ars. daphn. fluor-ac. r. glon. l. hell. l. hep. r. hura. r. l. hydrast. hyp. l. itu. r. kali-chlor. lach. laur. r. merc-iod. r. nitr-ac. r. pedic. r. petiv. l. phos. sabad. l. sep. solan-tægr. l. spong. l. stann. stram. r. sulph. sulph-ac. r. tab. tepl. l. zingib. l.

Undulating. plat. l.

Paralytic. lyc.

As if the blood stopped. chel. l.

As if a worm crept there (drawing). sulph.

UPPER PART OF HEAD.

Creeping. colch. r.

Coldness. val.

Fulness. apis.

Heaviness. apis.

Uneasiness, like weariness of limbs after exertion. aster.

Pain. æscul-hipp. carb-an. colch. r. glon. iod. kali. podoph. rhus-r. sang.

— *as if after intoxication.* glon.

— *as from catarrh.* lyc. m-aust.

Burning. phell. phos. l. phos-ac.

Compressive. nux-m. sep.

Constrictive. anac. crotal. stann.

As if tightly bound with a cord. kalmi.

Contractive. fluor-ac. r. nux-m. phell. sep.

Squeezing. kali. l.

Cramping. calc.

Boring. colch. r. oleand.

Bruised. phos-ac. phyt.

Digging. phell. l. phos.

Dull. glon. hell. merc. nuphar. petiv. l.

Drawing. calc. caust. l. colch. l. hell. iod. l. kali. zinc.

Pressing. ambr. am-c. calc. carb-v. ferr. hell. iod. l. kali. lyc. m-aust. mosch. nux-m. phell. l. phos. sars. sep. sil. stann. zinc.

- As if a weight lay there.* cann. laur. mosch. phos-ac. tepl.
As if pressed on by something angular. prunus. r.
Like pressure of thumb. nitr-ac.
Pressing inwards. nux-m.
Pressure on upper head and spine, as if they were pressed together by an elastic body so that he bends involuntarily forwards. benz-ac.
Smashed, as if. caust.
Stupefying. calc.
Lacerating. caust.
Racking. kreas. r.
Shooting. anac. l. asaf. r. carb-v. cina. l. hura. indig. iod. mur-ac. natr-m. nice. nitr-ac. oleand. ol-an. r. phos. l. phyt. rhus-r. zinc.
Like a nail driven in. hell. nice.
Tearing. ambr. colch. r. kali. kalmia. laur. l. lyc. ol-an. r. l. phos. rhus. til. r. zinc.
— asunder. nitr-ac.
Bursting. kali-hydr. rhus-r. spig.
Forcing out. sep.
Stretching. mosch.
Tensive. calc. kali-hydr.
Jerking. anac. l. kali-hydr. kreas. r. sil. spong.
Throbbing. glon. lyc. natr. phos. sep. sil.

VERTEX.

- Coldness, as if a ball rose from umbilical region and diffused a cool air in vertex and occiput.* acon.
— as if cranium were open. arum-tr.
Compression. coccus. cornus-circ. kali-bich. phos.
Dulness. coccus.
Creeping. ang-sp. colch. r. l.
Distress. (eupat-perf.)
Fulness. am-c. cimicif. eupat-purp. glon. kali-bich. rhus-glab. val.
Rush of blood. cinnab. ran-bulb.
Wave-like motion of blood. merc-iod.
Heat. acon. calc. coccus. cornus-circ. (crotal-case.) daphn. eupat-perf. grat. hep. hyp. laur. lepid. magn-s. natr. (natr-s.) (nux-m.) podoph. rhus-r. solan-t-agr. stram. zinc.
— rising up. nux-m.
— red-hot iron in vertex. crotal-case.

Heaviness. acon. aloes. alum. cact. cann. canth. carb-an.
castor. cornus-circ. hippomanes. indig. jacarand.
kali-bich. kali-hydr. laur. lith-c. m-aust. magn-c.
meny. mercurial. ox-ac. pedic. petiv. phell. phyt.
rhus. serp. sol-t-ægr. squill. sulph. zingib. l.

Motion, looseness of brain. kalmia.

— *shaking of brain.* crotal. l. elaps. rhod.

— *dull movements.* bry.

— *whirling motion.* sabad.

— *swinging of brain.* crotal. l.

Noises, buzzing. calc.

— *cracking.* coff.

— *humming.* sulph.

— *roaring.* electr.

— *snapping.* con.

Numbness. arist. graph. plat.

Pithy. graph.

Enlarged feeling. lachnanth.

Vertigo. scrof.

Swimming. rhus-r.

Whirling. bell. mercurial.

Pain. acon. æth. ang-sp. badiaga. borax. bufo. cann-ind.
chlor. (cimicif.) cobalt. colch. convolv-d. cornus-circ.
crotal-case. cuprum. elaps. eupat-perf. fluor-ac. r.
(gels.) glon. hell. hura. hydrast. kali-bich. kali-nitr.
lact-v. lob-infl. merc-iod. mez. mosch. natr. (op.) ox-
ac. phyt. sabad. r. sep. sil. sol-t-ægr. sulph. tepl.
xanthox.

— *as from a smoky atmosphere.* agnus.

Burning. arn. bry. carb-v. caust. chin. chin-s. coccus.
cuprum. graph. hyp. mercurial. natr-m. petiv. phell.
phos. phos-ac. (pimp.) rat. sep. sabad. viol-t. r. zinc.

Raw. sep. spig.

As from suppuration. natr-s.

Ulcerative. castor.

Compressive. acon. dulc. graph. meny.

Constrictive. carb-v.

Contractive. (ign.) kali-bich. kali-nitr. laur. mang. (phell.)
plat. staph. (val.)

Pinching. pimp.

Squeezing. bell. r. eug. magn-m. ran-scel. rheum. sep.

Screwed together. grat.

Clawing. arg-nit.

Cramping. calc. chin.



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IN EXCHANGE.

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